INDIVIDUAL

SOLICITORS AND PEDDLERS LICENSE

☐ COMPLETED APPLICATION

☐ BOND ATTACHED

☐ CERTIFICATION FROM HEALTH DEPARTMENT (if applicable)

☐ COPY OF VEHICLE REGISTRATION AND PROOF OF INSURANCE

☐ ATTACH TWO (2) PHOTOGRAPHS OF THE APPLICANT THAT HAVE BEEN TAKEN IN THE LAST SIXTY (60) DAYS. THE PHOTOGRAPHS SHALL MEASURE TWO (2) INCHES BY TWO (2) INCHES AND SHOW THE HEAD AND SHOULDERS OF THE APPLICANT

BOND REQUIREMENTS

Every applicant licensed as a solicitor or peddler who is not an employee or agent of a licensed business entity shall file with the City Clerk or the Clerk’s designee, a bond in the amount of one thousand dollars ($1,000.00).

Every business entity licensed as a solicitor or peddler which has employees or agents licensed as solicitors or peddlers shall file with the City Clerk or the Clerk’s designee, a bond covering all such employees in the amount of one thousand dollars ($1,000.00) per employee, to a maximum of five thousand dollars ($5,000.00).

The bond or approved security required in this chapter shall be taken in the name of the people of the city, and every person injured by the negligent, willful, malicious or wrongful act of the principal, his agent, servant or employee in the conduct of the licensee’s business may bring an action on the bond in his own name to recover damages for such negligent, willful, malicious or wrongful act.

CERTIFICATION BY HEALTH DEPARTMENT

If the applicant proposes to peddle any food product for human consumption, a certification by the Southeastern Idaho Public Health is required prior to issuance of a license.

ALL INDIVIDUALS SELLING UNDER THE BUSINESS/COMPANY MUST FILL OUT THE ENTIRE EMPLOYEE APPLICATION AND BE APPROVED FOR A LICENSE

MAY TAKE UP TO SIXTY DAYS FOR LICENSE APPROVAL, ALL FEES ARE NON REFUNDABLE

YOU CANNOT SOLICIT OR PEDDLE UNTIL YOU HAVE RECEIVED YOUR CITY OF POCATELLO LICENSE AND ID CARD
POCATELLO INDIVIDUAL SOLICITOR/PEDDLER LICENSE APPLICATION

******* USING BLUE OR BLACK INK, COMPLETE EACH SECTION, *******
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

NAME: ____________________________________________
       Last          First          Middle Name          (Maiden & Former Names)

PHYSICAL ADDRESS: _______________________________________

City ______________________ State _______ Zip _______ Phone and/or Cell Phone _______

NAME OF BUSINESS: _______________________________________

LOCAL CONTACT ADDRESS: _______________________________________

LOCAL CONTACT PHONE NUMBER: ________________________________

YOUR EMAIL ADDRESS: _______________________________________

LIST WHERE YOU HAVE LIVED AND/OR WORKED FOR THE PAST TEN YEARS, ONE LINE PER CITY, BEGIN WITH YOUR CURRENT CITY:

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<th>YEARS (example 2002-2012)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
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DATE OF BIRTH: ________________ SOCIAL SECURITY #: _________________________

CITY AND STATE OF YOUR BIRTH: _______________________________ SEX: ____________

HEIGHT: _______ WEIGHT: _____ HAIR: _______ EYES: _______ RACE: ______________

DRIVER’S LICENSE #: _____________________ STATE: _______________ CLASS: __________

HAVE YOU BEEN LICENSED TO DRIVE IN ANOTHER STATE(S)? _____ STATE(S)________________
HAVE YOU EVER BEEN CONVICTED OF, PLEAD GUILTY TO, OR ADMITTED TO ANY VIOLATION
OF CRIMINAL LAW OR HAD A WITHHELD JUDGEMENT FOR ANY CRIME COMMITTED: __________

IF YES, PROVIDE DATE, VIOLATIONS, AND LOCATION OF OFFENSE BELOW. USE A SEPARATE
SHEET, IF NECESSARY

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

HAVE YOU EVER HAD A PERMIT OR LICENSE REVOKED DURING THE PAST FIVE YEARS, AND IF
SO, WHERE AND WHEN: ______________________________________________________

________________________________________________________________________

COMPANY/BUSINESS INFORMATION

NAME OF COMPANY, IF EMPLOYED, (attach proof of credentials) ____________________________

ADDRESS: _______________________________________________________________________

TELEPHONE: ____________________________

DESCRIPTION OF THE NATURE OF BUSINESS (include the goods to be sold): ________________

__________________________________________________________________________

WHERE ARE THE PRODUCTS MANUFACTURED OR PRODUCED? __________________________

IF ACCEPTING ELECTRONIC BENEFIT TRANSFER (EPT) MUST PROVIDE: FNS # ____________

DATES OF SELL _____________________ STARTING DATE _____________________ END DATE __________

HOURS OF SELL _____________________ STARTING TIME _____________________ END TIME __________

SELLING LOCATIONS ____________________________________________________________

VEHICLE INFORMATION

DESCRIPTION OF VEHICLE, IF USED: Year _____ Make _______ Model _______ Color ______

I HEREBY CERTIFY THAT THERE ARE NO MISREPRESENTATIONS, OMISSIONS, OR
FALSIFICATIONS OF THE FOREGOING STATEMENTS OR ANSWERS. EACH AND ALL
OF THE STATEMENTS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY
KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I FURTHER AGREE AND
CONSENT IN ADVANCE TO HAVING MY LICENSE REVOKED WITHOUT CAUSE OR
HEARING IF ANY OF THE ABOVE INFORMATION CONTAINS ANY MISREPRESTATION
OR FALSIFICAITION OR IF ANY MATERIAL INFORMATION HAS BEEN OMITTED.

I HAVE REVIEWED AND UNDERSTAND THE CITY ORDINANCE 5.52 DOOR TO DOOR SALES
AND AGREE TO ADHERE TO THE RULES AND REGULATIONS SET FORTH IN THAT CHAPTER
AS WELL AS ALL OTHER APPLICABLE LAWS.

SIGNATURE OF APPLICANT: ____________________________ Date: ______________________

*** NO REFUNDS AFTER SUBMISSION OF THIS APPLICATION ***
RECORDS CHECK COMPLETED BY: _________________ DATE: ____________
Local: Yes  No  Attached  ISTARS: Yes  No  Attached
IHOT: Yes  No  NCIC: Yes  No  D.L. Valid: Yes  No

New applicants only: Return from BCI-Fingerprints: ________________________________

RECOMMENDATION TO MAYOR /COUNCIL _____ APPROVE _____ DISAPPROVE

SIGNATURE OF POLICE: _______________________________  DATE: ____________

SIGNATURE OF CLERK: _______________________________  DATE: ____________

LICENSE # BL: ________________  LICENSE # PL: ________________
AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any officer or other authorized representative of the Pocatello, Idaho Police Department bearing this release, or a copy thereof, within one year of its date, to conduct a fingerprint-based, nationwide criminal history background check and obtain any information regarding criminal history and driving record. I hereby direct you to release such information upon the request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Pocatello Police Department in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family or associates, because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my social Security account number on a voluntary basis with the understanding such is not required by Federal Statute or regulation. I have been advised that the disclosure of my Social Security account number is necessary in order to facilitate the criminal history background check and driving record which relate to me. Should there be any question as to the validity of this release, you may contact me as indicated below.

FULL NAME: ____________________________

(Include maiden name and former names if applicable.)

SOCIAL SECURITY NUMBER: _______________ DATE OF BIRTH: ___________

CURRENT ADDRESS: ______________________________________________________________________

______________________________________________________________________________________

TELEPHONE: ___________________________ DATE: ___________________________

SIGNATURE: ___________________________________________________________________________

WITNESS: ____________________________________________________________________________