

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 POCA TELLO LICENSE AND ID
CARD**

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 MISREPRESENTATION OR FALSIFICATION 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 ***

***** CITY USE ONLY BELOW*****

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: _____

POCATELLO POLICE DEPARTMENT

Community Commitment

Roger J. Schei, Chief of Police

911 North 7th Avenue • P.O. Box 2877 • Pocatello, ID 83206-2877 • 208-234-6113 • Fax 208-234-6290
www.pocatello.gov/police

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: _____