**THIS APPLICATION SHALL NOT BE CONSIDERED COMPLETE UNTIL STAFF HAS RECEIVED ALL REQUIRED INFORMATION.**

**\*THE CITY CLERK SHALL ISSUE OR DENY THE LICENSE WITHIN TEN (10) WORKING DAYS UPON RECEIPT OF A COMPLETED APPLICATION**

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| --- | --- | --- | --- | --- | --- |
| Applicant: | | | File #: | | |
| Date complete application received: | | Date license issued or denied: | | | |
| Applicant | APPLICATION REQUIREMENTS: | | | | **Staff** |
|  | **Completed** Vendor/Solicitor Permit Application | | | |  |
|  | Color copy of valid driver's license or government issued identification card- for each person being covered under this permit | | | |  |
|  | Proof of Southwest District Health approval/permit (if applicable) | | | |  |
|  | **FEES: - $25.00 Background check, PLUS $10/Day up to 5 days or $50.00/ 6 month** ❑ Daily – ❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 or ❑ 6 months    **\*Effective January 1, 2021\***  **Emmett Fire Department Inspection Fee - $45.00 – (if applicable)**  *-See SW Mobile Food Truck Preparation Packet*  ***OR Proof of Current Fire Inspection Certification*** | | | |  |
| STAFF USE ONLY: | | | | | |
| DATE |  | | | INITIALS | |
|  | Emmett Police Department approval/background check  ❑ APPROVED DENIED ❑ | | |  | |
|  | Emmett Fire Department approval (if applicable)  ❑ APPROVED DENIED ❑ N/A ❑ | | |  | |
|  | Emmett Building Department approval (if applicable)  ❑ APPROVED DENIED ❑ N/A ❑ | | |  | |
|  | Emmett Parks Department approval (if applicable)  ❑ APPROVED DENIED ❑ N/A ❑ | | |  | |
|  | Emmett City Clerk Signature | | |  | |
|  | License created - ❑ picked up by applicant ❑ mailed to applicant | | |  | |

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| **APPLICANT INFORMATION** | | | | | | | | | | | | | | | | | |
| Applicant Name: | | |  | | | | | | | | | Phone: | | |  | | |
| Applicant Address: | | | | |  | | | | | | |  | | | | | |
| E-Mail: |  | | |  | | | |  | | | Driver’s License state/number: | | | | |  | |
| Employer: | |  | | | | | | | | | | Phone: | |  | | | |
| Employer E-Mail Address: | | | | | | | | |  | | |  | | | | | |
| Employer Address: | | | | | | |  | | | | |  | | | | | |
| Idaho Agent for service of process (*person responsible for receiving legal documentation on Applicants behalf):* | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | |
| Please provide a statement as to whether or not you have (and for each person being covered under this permit) have been convicted of a violation of any federal, state or municipal law, the nature of the offense and the date, and the punishment or penalty assessed *(attach additional pages if necessary)*: | | | | | | | | | | | | | | | | | |
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| **DESCRIPTION OF OPERATIONS** | | | | | | | | | | | | | | | | | |
| Dates, hours and locations of operation: | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | |  | | | | | | | |
| If location is on private property have you gotten permission from owner ❑ Yes ❑ No ❑ Not Applicable | | | | | | | | | | | | | | | | | |
| Applicant will operate and/or travel within a city public park: ❑ Yes ❑ No | | | | | | | | | | | | | | | | | |
| Product(s) to be sold: | | | | | |  | | | | | | | | | | | |
| Operations will include *(check all that apply)*:  ❑ Mobile food concession ❑ Solicitor (door to door sales)  ❑ Non-mobile Food Concession ❑ Vendor Cart  ❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |
| Form(s) of transport to be used in operation, traveling, and/or sales: | | | | | | | | | | | | |  | | | | |
| Complete for any and all motor vehicles *(attach additional pages if necessary)*:   |  |  |  |  | | --- | --- | --- | --- | | License plate state and number | Make | Model | Color | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | | | | | | | | | | | | | | | | |
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