**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**

|  |  |
| --- | --- |
| 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 |  |

|  |
| --- |
| **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)*: |
|  |  |
|  |
|  |
| **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 platestate and number | Make | Model | Color |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

 |
|  |