



City License No.: _____

Entered: _____

Approved/Denied By: _____

Approval/Denial Date: _____

ITINERANT MERCHANT APPLICATION

Application Fee: \$25.00

Receipt No.: _____

Investigation Fee: If applicant resides within Bonneville County - \$25.00

If applicant resides outside of Bonneville County but within the State of Idaho - \$50.00

If applicant resides outside the State of Idaho - \$250.00

Business Name: _____ Telephone No.: _____

Business Address: _____
Street City State Zip

Mailing Address: _____
(If different from above) Street City State Zip

Applicant Name: _____ Telephone No.: _____

Email: _____

Social Security Number: _____ Sex: _____ Height: _____ Weight: _____

Color of Hair: _____ Color of Eyes: _____ Sales Tax Number: _____

Dates and times for which license is desired: _____

If you are a Corporation, Association, or other Business Entity, list the names and addresses of all persons owning ten percent or more of the shares or assets of such entity:

List names and addresses of all persons who will be selling wares, merchandise or services:

Have you ever been convicted of a crime? Yes _____ No _____

If Yes, list date and nature of such offense:

Have you had a business license revoked in the last five (5) years? Yes _____ No _____

Please list all items you will be selling:

Will you be using an automobile to sell from? Yes _____ No _____

If Yes, please list:

Automobile Description: _____ License Number or Registration: _____

Drivers and their Driver's License Numbers: _____

Signature of Applicant: _____ Date: _____