



CITY OF STANLEY

TEMPORARY VENDOR'S LICENSE APPLICATION

Name and Title: _____
Social Security Number or Drivers License Number: _____
Company or Corporation: _____
Mailing Address of Business: _____
Telephone Number(s): _____
Local Address if applicable: _____
Credentials if employed by above company: _____

Describe the nature of the business, goods to be sold and if products are farm or orchard produce, whether it is produced or grown by the applicant: _____

Method of Operation

Length of time doing business in Stanley: _____
Location to be used: _____
Motor Vehicle Make & Model: _____ License#: _____
Location of merchandise or goods: _____
Proposed method of delivery: _____

Permission for Sanitary Services

Please attach a written statement of permission from any private property owner verifying their consent to do business on their private property and verifying that you are given permission to use the sanitary services on that property.

Property Owner Name: _____
Property Owner Address: _____
Property Owner Phone Number: _____
Property Owner Statement Attached: _____

Health Certification

When the applicant proposes to sell any prepared food product for human consumption, all regulations of the State of Idaho must be met and a certification by the District 7 Health Department shall be required prior to issuance of a license.

District 7 Health Department Certification: _____ Statement Attached: _____
Applicant Statements and Signature _____
Have you had a permit or license revoked during the past five (5) years? _____
If so, when, where and reason: _____
Have you been convicted of a misdemeanor or felony of any federal, state or municipal law within the preceding three (3) years? If so, give the date: _____
Nature of the offense: _____
Penalty Assessed: _____

Signature of Owner(s) or Authorized Agent _____ Date _____

Office Use Only:
Approval/Denied Permit Number: _____ Building Dept. Okay: _____
Fire Department Okay: _____ Permit Fee: \$25.00 Paid: _____
Date Issued: _____ Clerk's Signature: _____

City of Stanley
P.O. Box 53 Stanley, ID 83278
Tel: 208.774.2286 / Fax: 208.774.2278
www.stanley-idaho.org