

# **SOLICITORS AND PEDDLERS LICENSE**

- COMPLETED APPLICATION**
- BOND ATTACHED**
- CERTIFICATION FROM HEALTH DEPARTMENT (if applicable)**
- 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  
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 \_\_\_\_\_**

\*\*\*\*\* 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:* H/W State Registry/Nurses Registry checks completed by: \_\_\_\_\_

*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 \_\_\_\_\_