

# ***BUSINESS***

## **SOLICITORS AND PEDDLERS LICENSE**

- COMPLETED APPLICATION**
- BOND ATTACHED**
- CERTIFICATION FROM HEALTH DEPARTMENT (if applicable)**
- COPY OF VEHICLE REGISTRATION AND PROOF OF INSURANCE**
- 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  
EMPLOYEE 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 POCATELLO LICENSE AND ID  
CARD**



***POCATELLO BUSINESS APPLICATION FOR SOLICITORS AND PEDDLERS***



\*\*\*\*\* USING BLUE OR BLACK INK, COMPLETE EACH SECTION. \*\*\*\*\*  
**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

NEW \_\_\_\_\_ RENEWAL \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_  
Last                      First                      Middle Name                      (Maiden & Former Names)

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
City                      State                      Zip                      Phone & Cell Phone

BUSINESS EMAIL ADDRESS: \_\_\_\_\_

LOCAL CONTACT ADDRESS: \_\_\_\_\_

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 \_\_\_\_\_

**PLEASE COMPLETE INDIVIDUAL SOLICITOR AND PEDDLER APPLICATION AS WELL IF THE OWNER PLANS TO SOLICIT AND PEDDLE (THE COST IS COVERED IN THE BUSINESS LICENSE FEE)**

PLEASE LIST ALL SOLICITORS AND PEDDLERS TO BE EMPLOYED WITH THIS BUSINESS  
(Including yourself):

**NAME**

**ADDRESS**

**PHONE**

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**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 MISREPRESTATION OR FALSIFICAITON 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:** \_\_\_\_\_

**\*\*\* NO REFUNDS AFTER SUBMISSION OF THIS APPLICATION \*\*\***

**\*\*\*\*\* 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:* Return from BCI-Fingerprints: \_\_\_\_\_

RECOMMENDATION TO MAYOR /COUNCIL: \_\_\_\_\_ APPROVE \_\_\_\_\_ DISAPPROVE

SIGNATURE OF POLICE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF CLERK: \_\_\_\_\_ DATE: \_\_\_\_\_

LICENSE # BL (Business): \_\_\_\_\_

LICENSE # PL (Business): \_\_\_\_\_

LICENSE # BL (Individual): \_\_\_\_\_

LICENSE # PL (Individual) : \_\_\_\_\_

# POCATELLO POLICE DEPARTMENT

*Community Commitment*

Roger J. Schei, Chief of Police

911 North 7<sup>th</sup> Avenue • P.O. Box 2877 • Pocatello, ID 83206-2877 • 208-234-6113 • Fax 208-234-6290  
[www.pocatello.gov/police](http://www.pocatello.gov/police)

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## AUTHORITY TO RELEASE INFORMATION

### TO WHOM IT MAY CONCERN:

I hereby authorize any officer or other authorized representative of the Pocatello, Idaho Police Department bearing this release, or a copy thereof, within one year of its date, to conduct a fingerprint-based, nationwide criminal history background check and obtain any information regarding criminal history and driving record. I hereby direct you to release such information upon the request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Pocatello Police Department in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family or associates, because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my social Security account number on a voluntary basis with the understanding such is not required by Federal Statute or regulation. I have been advised that the disclosure of my Social Security account number is necessary in order to facilitate the criminal history background check and driving record which relate to me. Should there be any question as to the validity of this release, you may contact me as indicated below.

FULL NAME: \_\_\_\_\_  
*(Include maiden name and former names if applicable.)*

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

WITNESS: \_\_\_\_\_