



**VENDOR/SOLICITOR  
BUSINESS LICENSE APPLICATION**

**Fax 208-472-2996**

**Mail to: 6015 N. Glenwood  
Garden City, ID 83714**

VENDOR.....\$100.00	BACKGROUND CHECK IN –STATE.....\$25.00
SOLICITOR.....\$100.00	BACKGROUND CHECK OUT-OF-STATE.....\$50.00
	TOTAL FEES DUE.....\$_____

**\*\*\*\*EXPIRES ANNUALLY ON DECEMBER 31<sup>ST</sup>\*\*\*\***

BUSINESS NAME \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

MAILING ADDRESS (if different from above) \_\_\_\_\_

TYPE OF BUSINESS INDIVIDUAL \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_

DESCRIPTION OF GOODS/SERVICES \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

DRIVER'S LICESNE NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

IF BUSINESS IS A PARTNERSHIP OR CORPORATION, PLEASE GIVE THE FOLLOWING INFORMATION ABOUT EACH PARTNER OR PRINCIPAL

NAME \_\_\_\_\_ OFFICIAL CAPACITY \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ OFFICIAL CAPACITY \_\_\_\_\_

ADDRESS \_\_\_\_\_

**ADDITIONAL ITEMS TO INCLUDE WITH APPLICATION:**

- 2X2 PHOTO (Solicitor Only)
- ENLARGED COPY OF DRIVER'S LICENSE
- COPY OF CENTRAL DISTRICT HEALTH PERMIT (for food and drink licenses only)
- LETTER OF AUTHORIZATION FROM PROPERTY OWNER (Vendor Only)

APPROVAL \_\_\_\_\_ DENIAL \_\_\_\_\_ CHIEF OF POLICE \_\_\_\_\_ DATE \_\_\_\_\_

CITY CLERK \_\_\_\_\_ DATE \_\_\_\_\_