

**CITY OF MARSING**  
**PEDDLER, VENDOR, TRANSIENT MERCHANT APPLICATION**

First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Local Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

List last two addresses: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Cell: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Address of Company: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Period for which applicant is applying for: Starting date \_\_\_\_\_ Ending date \_\_\_\_\_

Present selling location (if applicable) \_\_\_\_\_ Method of Delivery \_\_\_\_\_

Description of vehicle, if used: year \_\_\_\_\_, make \_\_\_\_\_, model \_\_\_\_\_, color \_\_\_\_\_

Nature of business and goods or services to be sold or solicited: \_\_\_\_\_

Has a permit or license been revoked during the past five years? \_\_\_\_\_

If yes, where and when? \_\_\_\_\_

***I HAVE READ ALL THE ABOVE AND DECLARE UNDER PENALTY OF PERJURY THAT EACH AND EVERY STATEMENT MADE IS TRUE, CORRECT AND COMPLETE.***

\_\_\_\_\_  
Signature of Applicant

\*\*\*NOTE\*\*\* If a food product or food item, attach a certificate from the Southwest District Health Department, 920 Main Street, Caldwell, ID 83605 (208) 455-5300, [www.southwestdistricthealth.org](http://www.southwestdistricthealth.org)

**ATTACHMENTS**

*Copy of current driver's license	Yes _____	No _____
*A certificate from SWDH (if required)	Yes _____	No _____
*Letter from property owner where located granting Permission.	Yes _____	No _____
*Proof of State of Idaho resale number (if applicable)	Yes _____	No _____
*Proof of vehicle insurance (if applicable)	Yes _____	No _____
*Certification/Letter that all employees are of legal age to operate the business relative to State & Federal labor laws	Yes _____	No _____
*Bond requirement	Yes _____	No _____

**FOR OFFICE ONLY**

**Fees:**

Peddlers Fee: \$200.00/Yr Paid \_\_\_\_\_  
Peddlers Fee: \$50.00/Qtr Paid \_\_\_\_\_