



MOBILE SALES UNIT  
VENDOR LICENSE  
customerservice@gardencityidaho.org

**THIS APPLICATION SHALL NOT BE CONSIDERED COMPLETE UNTIL STAFF HAS RECEIVED ALL THE REQUIRED INFORMATION.**

<b>Applicant Name:</b>		
Applicant	<b>APPLICATION REQUIREMENTS</b>	City Staff
	<b>Completed</b> Mobile Sales Unit License Application	
	Color copy of valid driver's license or government issued ID card	
	Proof of insurance: Liability and Motor Vehicle	
	Proof of Central District Health approval/permit	
	<b>Application Fee – \$0.00 one-time use</b>	

<b>STAFF USE ONLY</b>	
<b>Date complete application received:</b>	
<b>CITY CLERK</b>	
<input type="checkbox"/> Approved	
<input type="checkbox"/> Conditional Approval	
<input type="checkbox"/> Denial	
Signature:	
Date:	

<b>Copy to:</b>
<input type="checkbox"/> Applicant
<input type="checkbox"/> Springbrook



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### **APPLICANT INFORMATION**

Applicant Business Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Tax Identification Number: \_\_\_\_\_ Idaho Seller's Permit Number: \_\_\_\_\_

### **DESCRIPTION OF OPERATIONS**

Dates, hours, and locations of operation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Product(s) to be sold: \_\_\_\_\_

Form(s) of transport to be used in operation, traveling, and/or sales: \_\_\_\_\_

Complete for any and all motor vehicles (*attach additional pages if necessary*):

License plate state and number	Make	Model	Color

Applicant Signature:	Date:
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