

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 POCATELLO LICENSE AND ID
CARD**

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

NAME

ADDRESS

PHONE

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** _____

******* 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 _____