



CITY OF RIGGINS
P.O. Box 249, Riggins, Idaho 83549
(208) 628-3394 Fax (208) 628-3792
rigginscity@gmail.com

VENDOR LICENSE APPLICATION

- - - - - Please PRINT - - - - -

NAME OF EVENT: _____

| | |
|--|--------------------------------|
| BUSINESS NAME: | OWNER NAME: |
| PHYSICAL ADDRESS: | OWNER PHYSICAL ADDRESS: |
| MAILING ADDRESS: | OWNER MAILING ADDRESS: |
| PHONE: | E-MAIL: |
| FEDERAL TAX ID/SSN: | ID STATE SALES TAX #: |
| IDAHO FOOD PERMIT-LICENSE NUMBER: _____ | |
| Effective Date: _____ Issuing County: _____ | |

TYPE OF OWNERSHIP: ☐ INDIVIDUAL ☐ CORPORATION
☐ CO-PARTNERSHIP ☐ OTHER

PERSONS SOLICITING IN RIGGINS CITY LIMITS

| | | |
|----|----------------|--------|
| 1) | Drivers Lic #: | State: |
| 2) | Drivers Lic #: | State: |

DESCRIBE NATURE OF BUSINESS AND/OR GOODS TO BE SOLD

| | | |
|---|---------------------|-------------------------------------|
| FOOD: | MERCHANDISE: | OTHER: |
| PROPOSED METHOD OF OPERATION: | | |
| PROPOSED PLACE OF OPERATION: | | PROPOSED DATES OF OPERATION: |
| VEHICLE DESCRIPTION: Make _____ Model _____ Year _____ License Number _____ State _____ | | |

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PERMIT APPLYING FOR:

| | | |
|--|--|--|
| <input type="checkbox"/> \$50 – Temporary (3-Day Special Event) | <input type="checkbox"/> \$75 – Permanent (Renewed Annually – Must be School District #243 Resident) | <input type="checkbox"/> \$10 – Junior Local (Must be under age 18 and School District #243 Student) |
|--|--|--|

HAS APPLICANT OR ANY PERSONS NAMED IN APPLICATION BEEN CONVICTED OF A VIOLATION OF ANY FEDERAL, STATE, OR MUNICIPAL LAW? _____

If yes, describe the nature of the offense, the date, and the punishment or penalty assessed therefore.

HAS APPLICANT OR ANY PERSONS NAMED IN APPLICATION HAD A PREVIOUS VENDOR OR BUSINESS LICENSE REVOKED DURING THE PAST FIVE (5) YEARS? _____

If yes, describe where, when and why.

I hereby make application for a City of Riggins Vendor License and certify to the following:

- 1) I understand that if I plan to sell any prepared food product for human consumption, a certification by the Health District shall be required prior to issuance of a license.***
- 2) I also understand that if I plan to sell any taxable retail merchandise, prepared food items, or alcohol by the drink, a City of Riggins Municipal Tax Permit and \$100.00 deposit shall be required prior to issuance of a license.***
- 3) I understand that every applicant, unless specifically exempted by the Idaho State Tax Commission, shall report sales as required by the State of Idaho.***

Printed Name of Applicant: _____

Signature of Applicant: _____

Date: _____