



**CITY OF MIDDLETON**

P O Box 487, MIDDLETON, ID 83644  
208-585-3133, 208-585-9601 FAX  
WWW.MIDDLETONIDAHO.US

ADMINISTRATION  
VENDORS, PEDDLERS, SOLICITORS &  
TEMPORARY MERCHANTS APPLICATION/LICENSE

REV 8/17

**Date:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

**Requirements:**

**Investigation Fee:** \$40.00 (within Idaho) \$60.00 (outside of Idaho)

**Idaho State Police Bureau of Criminal Investigation Name Based Criminal Background Check Form – executed.**

**License Fee:** \$35.00 – license expiration December 31.

**Copy of current driver’s license or identification card.**

**If employed, copy of credential establishing the exact relationship between the employer and the applicant.**

**Bond Requirement:**

Amount; Guarantee: Every applicant shall file with the city a surety bond, a cashier’s check or a letter of credit from a bank in the amount of one thousand dollars (\$1,000.00) running to the city. Every business firm, company, or corporation, which has two (2) or more employees or agents acting in the capacity of vendor, solicitor, canvasser, or temporary merchant, shall file with the city a surety bond covering all such employees or agents and running to the city, or a cashier’s check in the amount of one thousand dollars (\$1,000.00) per employee to a maximum of five thousand dollars (\$5,000.00). The surety bond must be one issued by an agent upon which service of process may be made in the state of Idaho.

Action Brought: Action on the surety bond or cashier’s check may be brought directly by any person damaged by a licensee’s violation of any provision of City code Title 3, Chapter 1.

Bond Reimbursement: After expiration of a license, the city shall, upon application of the licensee, return the bond or cashier’s check sixty (60) days after receipt of application for return, unless the city has been notified of the pendency of any claim or cause of action by any person upon the bond or cashier’s check.

Waivers: After being licensed for two (2) years without claims against the surety bond, the above bonding requirements will be waived.

**Southwest District Health Certification:** A certification by Southwest District Health shall be required for sale or peddling of any food product for human consumption prior to issuance of a license.

**NO LICENSE ISSUED HEREUNDER SHALL BE TRANSFERABLE**



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**Information:**

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I. Applicant Name, Birth Date and Description; and, if applicable, name of business employer and names and descriptions of the persons working for the employer who will be vending, peddling, soliciting or temporary merchants in the City of Middleton:

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II. Applicant Residence and Business Address and Contact phone number (both legal and local); and, if applicable, employer business address and contact phone number:

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III. Description of the nature of business, goods or products to be sold or solicited, location of proposed business operations in the city, and proposed method of delivery.

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IV. Address/location of where the goods proposed to be sold or solicited are manufactured or produced, and address/location of such goods or products at time of application for license:

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V. The proposed length of time for which the right to do business is desired:

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VI. If a motor vehicle(s) is to be used, the description of the vehicle(s) and license number(s):

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VII. Has a permit or license issued to the applicant been revoked in the last five (5) years? If so, where and when?

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VIII. State driver's license number(s) or identification number(s) for Applicant and all employees conducting business within the city under this license:

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IX. Idaho Sales Tax Number:

X. Have you been convicted of a violation of any federal, state or municipal law? If so, state the nature of the offense, date, jurisdiction/location, punishment and/or penalty.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICANT / ORGANIZATION REPRESENTATIVE

\_\_\_\_\_  
Signature Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name / Organization Name / Representative Title

**OFFICE USE ONLY**

Application Received: \_\_\_\_\_

Fees Received: \_\_\_\_\_

Bond / Cashier's Check Received: \_\_\_\_\_

Copy of Driver's License / Identification Received: \_\_\_\_\_

Copy of Southwest District Health Certification, if applicable: \_\_\_\_\_

Employment Credential Received, if applicable: \_\_\_\_\_

Background Check passed: \_\_\_\_\_

Application Denied: \_\_\_\_\_

Permit is hereby issued this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
City Clerk

Notes: \_\_\_\_\_  
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