



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:

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:

Three horizontal lines for providing applicant information.

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

Four horizontal lines for providing address and contact information.

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.

Three horizontal lines for describing business operations.

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:

Two horizontal lines for providing manufacturing and product location information.

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

Two horizontal lines for providing the duration of business.

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

Two horizontal lines for providing vehicle and license information.

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 Has a permit or license issued to the applicant been revoked in the last five (5) years?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

Two horizontal lines for providing revocation information.

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

One horizontal line for providing driver's license information.



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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: _____



**IDAHO STATE POLICE
BUREAU OF CRIMINAL IDENTIFICATION**



**NAME BASED CRIMINAL BACKGROUND CHECK FORM
of the Idaho Central Repository of Criminal History Records**

A \$20 processing fee must be included. Each field must be completed. A separate form must be used for each request. Do not use staples on the forms. Make checks or money orders payable to the Idaho State Police. A personal check will only be accepted if issued by the requestor or requesting agency. A \$20.00 fee will be charged for any returned checks.

*Please print clearly in blue or black ink only. **Illegible forms will be returned for clarification.**
Incomplete forms will be returned unprocessed.*

REQUEST				
Please provide an Idaho Criminal History on the individual named below.				
Last Name		First Name		Middle Name
Alias Names (Include Maiden/prior Married Names) Please provide both first and last name.				
Date of Birth (mm/dd/yyyy)		Social Security Number (optional)		Sex
				Race
Address		City		State
				Zip
WAIVER				
Idaho law does not require a waiver. However, without a signed waiver from the subject of the record, any arrest more than 12 months old, without a disposition, cannot be given to a non-criminal justice agency. Any waiver other than this waiver will not be accepted.				
I hereby give permission for the requester, named below, to receive any information maintained by the Idaho Bureau of Criminal Identification concerning myself.				
_____ Signature			_____ Date	
<i>This signature on the waiver must be within 180 days of the name check submission.</i>				

TO BE COMPLETED BY COMPANY OR PERSON REQUESTING BACKGROUND INFORMATION
Incomplete forms will be returned unprocessed

Requesting Person or Company	Address of Requester (Results will be mailed to this address)	
	Street _____	
Printed Name of Requester (Print Legibly)	City, State & Zip Code _____	
	Signature of Requester	Phone Number of Requester

General Information:

Idaho law does not require a person to give consent. However, without a signed release from the subject of record, any arrest more than 12 months old, without a disposition, cannot be given to a non-criminal justice agency. **Results of a Name Based Criminal Background check cannot be notarized.**

Criminal history record information furnished as a result of a non-fingerprint based computerized search is based solely on a search of identifiers provided in the request. Be aware it is not uncommon for criminal offenders to use alias names and false dates of birth, which would adversely affect the completeness and accuracy of a non-fingerprint based search of the Idaho Central Repository of Criminal History Records. No other state or federal agency records can be searched under current law. The bureau does not telephone or fax responses. Please allow ample time for processing this request. Requests are processed on a first come basis.

The records maintained by the Idaho Bureau of Criminal Identification (BCI) are based upon the felony and serious misdemeanor arrests reported to BCI from other Idaho criminal justice agencies. If a person disputes the accuracy of information obtained, that person may challenge the information by writing to the address on this form.

Idaho code 67-3008 (6) states, "A person or private agency or public agency, other than the department, shall not disseminate criminal history record information obtained from the department to a person or agency that is not a criminal justice agency or court without a signed release of the subject of record unless otherwise provided by law.

700 S. STRATFORD DR. STE. 120 • MERIDIAN, ID 83642
(208) 884-7130 • FAX (208) 884-7193



18344 Oxnard St. Suite #101
Tarzana, CA 91356
Tel: 866-570-4949 | Fax: 866-570-5656
clientservices@wescreenusa.com

Disclosure And Authorization For Consumer Reports

Disclosure

In connection with my application for employment (including contract or volunteer services) or application for tenancy with _____, at _____, I understand consumer reports will be requested by you ("Company"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

Authorization

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency: Background Screeners of America ("Agency"), 18344 Oxnard Street, Ste. 101, Tarzana, CA 91356, telephone number 866-570-4949, upon proper identification, to obtain copies of any report furnished to Company by the Agency and to request the nature and substance of all information in its files on me at the time of my request. The request includes the sources of information and the Agency, on Company's behalf, to provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: www.wescreenusa.com

California, Minnesota and Oklahoma Residents:

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here:

I have read and I understand this page.



_____ Applicant Initials

California Applicants:

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

New York Applicants:

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law _____(initial if this applies).

Washington Applicants:

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

Please complete all of the fields below:

I understand that I have rights under the Fair Credit Reporting Act and I acknowledge receipt of the Summary of Rights.

Last Name:	First:	Middle: Please check box if you do not have a middle name.
Social Security #:		Date of Birth:
Email: (This is a required Field)		
Current Address:		Previous Address:
Street:	Street:	
Apt or Unit #:	Apt or Unit #:	
City:	State:	Zip:
Drivers Lic. #:	State Issuing:	
Former Name/Alias:		

X _____
Applicant Signature

Date: _____

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA.

For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

Applicant Copy

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates. b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:</p>	<p>a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006 b. Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F St NE Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357</p>

Applicant Copy