



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

## **VENDOR LICENSE APPLICATION**

- - - - - *Please PRINT* - - - - -

**NAME OF EVENT:** \_\_\_\_\_

<b>BUSINESS NAME:</b>	<b>OWNER NAME:</b>
<b>PHYSICAL ADDRESS:</b>	<b>OWNER PHYSICAL ADDRESS:</b>
<b>MAILING ADDRESS:</b>	<b>OWNER MAILING ADDRESS:</b>
<b>PHONE:</b>	<b>E-MAIL:</b>
<b>FEDERAL TAX ID/SSN:</b>	<b>ID STATE SALES TAX #:</b>
<b>IDAHO FOOD PERMIT-LICENSE NUMBER:</b> _____	
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**

<b>FOOD:</b>	<b>MERCHANDISE:</b>	<b>OTHER:</b>
<b>PROPOSED METHOD OF OPERATION:</b>		
<b>PROPOSED PLACE OF OPERATION:</b>		<b>PROPOSED DATES OF OPERATION:</b>
<b>VEHICLE DESCRIPTION:</b> Make _____ Model _____ Year _____ License Number _____ State _____		

PERMIT APPLYING FOR:

\$50 – Temporary <i>(3-Day Special Event)</i>	\$75 – Permanent <i>(Renewed Annually – Must be School District #243 Resident)</i>	\$10 – Junior Local <i>(Must be under age 18 and School District #243 Student)</i>
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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: \_\_\_\_\_