CITY OF MOSCOW
SOLICITOR / PEDDLER / CANVASSER LICENSE – RENEWAL APPLICATION
PROOF OF REGISTRATION FORM

APPLICATION FEE: ☐ Fingerprints done within 5 years ($35.00)
☐ Fingerprints needed ($60.00)

Name _____
LAST *FIRST* *MIDDLE* *(MAIDEN)*

Local Address: _____
STREET *CITY* *STATE* *ZIP*

Cell or Local Phone #: _____ Email: _____

Business Name or Employer Name: _____

Business Address _____
STREET *CITY* *STATE* *ZIP*

Business Phone #: _____ Fax Number: _____ Tax ID#: _____

Briefly describe the nature of business and goods to be sold or services to be performed: _____

_____

Have you been issued a peddler's or solicitor's license by any city in Idaho in the last five years? [ ] YES [ ] NO
If "YES" above, what city: _____

Any change to place of manufacture/production of goods, location of goods and/or proposed delivery: [ ] YES [ ] NO
If you answered "YES" above, please explain: _____

Have you ever, anywhere or at any time, been found guilty of, plead guilty to, received a withheld judgement, or admitted to any crime or circumstance listed in Moscow City Code Section 9-3-8? [ ] YES [ ] NO
If you answered "YES" above, please state the following for each offense:

DATE OF OFFENSE **NATURE OF OFFENSE** **PENALTY ASSESSED**

_____

_____

THE CITY OF MOSCOW REQUIRES:

1. A processing fee with this Application (see fees above). Fee is nonrefundable.
2. A valid Driver's License to be shown and copied.
3. Photograph taken within the last sixty days of the date of this application (approximately two (2) inches by two (2) inches and show head and shoulders in a clear and distinguishing manner).

I, _____ the undersigned applicant, understands that if a vendor license is granted to me, it will not be used or represented as an endorsement by the City of Moscow for vending operations thereunder. I also declare that I have read all of the above, and declare under penalty of perjury that each and every statement made is true, correct and complete.

Dated this _____ day of _____, 20_____.

_____
Applicant's Signature

Subscribed and sworn before me this _____ day of _____, 20_____.

_____
Notary Public in and for the State of Idaho
Residing at _____
My Commission Expires _____

Updated 8/22/2017 lmh