

**CITY OF MOSCOW  
VENDOR LICENSE – NEW APPLICATION**



**LICENSE REQUIREMENTS:**

1. A valid Driver's License to be shown and copied.
2. 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).
3. License fees:
 

A. License fee including fingerprints	\$60.00 and
B. Mobile vending unit inspection	\$66.50 or
C. Sidewalk vending unit inspection	\$0.00

Name \_\_\_\_\_  
LAST FIRST MIDDLE (MAIDEN)

Permanent Address \_\_\_\_\_  
STREET CITY STATE ZIP

Local Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Driver's License: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
NUMBER STATE ISSUED

Date of Birth: \_\_\_\_\_ Place of Birth (City & State): \_\_\_\_\_

Cell or Local Phone #: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

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 ever, anywhere or at any time, been found guilty of, plead guilty to, received a withheld judgment, admitted to, or had involvement with/in any crime or circumstance listed in Moscow City Code Section 9-11-9? [ ] YES [ ] NO

If you answered "YES" above, please state the following for each offense:

DATE OF OFFENSE	NATURE OF OFFENSE	PENALTY ASSESSED
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Continue to second page on the back of this sheet)*

*Fingerprints must be completed at the Moscow Police Department (118 East 4<sup>th</sup> St). Call 883-7054 for hours of fingerprinting.*

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 9/29/2020 lmh*