

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



THE CITY OF MOSCOW REQUIRES:

1. A processing fee sixty dollars (\$60) with this Application which includes the background check and fingerprinting charges. 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).

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

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