

Permit # _____

CITY OF LAVA HOT SPRINGS
TEMPORARY VENDORS LICENSE APPLICATION

Date Issued: _____

Permit Fee: _____ pd. _____

Owner: _____ Phone # : _____

Mailing Address : _____

Business Name : _____ Phone # : _____

Business Street Address: _____

Property Description: Lot(s) _____, Block _____

Addition: _____

(NOTE: Written permission from the owner of the real property as described must be attached.)

Describe Business Operation: _____

Method of Distribution: _____

Is a motor vehicle going to be used in the vending business? YES _____ NO _____

If yes, please provide the following information:

Vehicle Description	Registration #	License #
_____	_____	_____
_____	_____	_____

(NOTE: If additional space is needed, attach a complete list.)

Employees or agents assisting the proposed business:

Name	Social Security Number
_____	_____
_____	_____
_____	_____

(NOTE: If additional space is needed, attach a complete list.)

Proposed on-site advertising plans: _____

Date(s) License is being desired: _____

I have had a similar Business License revoked or suspended: YES _____ NO _____

If yes, state reason and final action taken: _____

(NOTE: Attach a complete list of any licenses issued to the applicant by the City within the past five (5) years.)

I hereby acknowledge that I have filled in this application accurately to the best of my knowledge: I will operate the business for which this license is sought in compliance with all pertinent Federal, State, and Municipal laws, ordinance, rules and regulations; I have no fees, charges, assessments, or other obligations due to the City except current taxes; and I have attached to this application proof of my business's Federal Taxpayer's Identification number and proof of my business's Idaho State Identification number.

Signature of Owner or Authorized Agent

Date

APPROVED _____ DENIED _____

(MONTH) (DAY) (YEAR)

(MAYOR)

(CITY CLERK)

FEDERAL TAX ID # _____

IDAHO STATE TAX # _____