



City of Parma

P. O. Box 608
305 N. 3rd Street
Parma, Idaho 83660
Phone: 208-722-5138
Fax: 208-722-5139

APPLICATION FOR PEDDLERS AND SOLICITORS LICENSE

APPLICANT INFORMATION: (Must attach 2" x 2" photograph taken within last 60 days)

Name: _____ Aliases/Maiden Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____ Work Phone: _____

Date of Birth: _____ Place of Birth: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____

Nature of business, goods to be sold or services to be performed and proposed method of delivery: _____

Place of manufacture of goods to be sold: _____

Present location of goods to be sold: _____

Hours and location for which the right to peddle or solicit is desired: _____

Term for which right to peddle or solicit is desired (not to exceed one year): _____

Has a permit or license issued to the applicant been revoked in the last five (5) years? If so, state the reason for the revocation, the city and state in which the revocation occurred and the date of such revocation: _____

BUSINESS NAME AND/OR EMPLOYER:

Name of Business/Employer: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax #: _____

Idaho Sales Tax #: _____ EIN: _____

CRIMINAL HISTORY:

Have you been convicted of a violation of any federal, state or municipal law? _____ If your answer is yes, state the nature of the offense, date, in what state the offense occurred, and the penalty/punishment for each offense: _____

PHOTOGRAPHS REQUIRED AT TIME OF FILING: The applicant is required to submit a photograph measuring two inches by two inches (2" x 2"), that show the head and shoulders of the applicant in a clear and distinguishing manner and has been taken within sixty (60) days immediately prior to filing this application.

APPLICATION FEE: The application fee, which includes background check, identification card and administrative processing fees, is \$50.00. Each individual working for the same employer must submit a separate application, with an application fee of \$10.00. The fee for replacement identification cards is \$10.00.

BOND REQUIREMENT: Every applicant shall file with the Chief of Police a surety bond or cashier's check in favor of the City of Parma in the amount of one thousand dollars (\$1,000.00). After expiration of a license, the Chief of Police shall, upon request of the licensee, return the bond or cashier's check thirty (30) days after such request, unless the Chief has been notified of the pendency of any claim or cause of action against the bond or cashier's check, in which case the Chief shall return the bond or cashier's check within thirty (30) days after the final resolution of the claim or cause of action.

ACKNOWLEDGEMENT:

Should this license be granted, I hereby acknowledge that it will not be used or represented as an endorsement by the City of Parma for solicitations thereunder. I hereby certify that the information contained in this application is true and correct to the best of my knowledge. I acknowledge that providing false or incomplete information on this application is grounds for denial, suspension or revocation of the license. I also acknowledge that providing false and/or fraudulent statements or misrepresentations in the course of conducting peddling and soliciting activities under any license granted hereunder is grounds for suspension or revocation of my license.

Signature of Applicant _____ Date _____

FOR OFFICIAL USE ONLY

Received by: _____ Date: _____

Approved: _____ Date: _____

Denied: _____ Date: _____

Reason for Denial: _____

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RELEASE OF INFORMATION/CONSENT TO BACKGROUND CHECK

Background Information

The undersigned having made application for a City License with the City of Parma, Idaho, hereby authorizes said agency to be informed as to my character and record, past and present, whether same is of record or not and release my present and past employers, supervisors, references and all persons whomsoever from any legal claim or cause of action as a result of furnishing any information as to my character and/or records to the City of Parma.

Criminal History Records

I hereby authorize the City of Parma to review my criminal history records and I authorize the City of Parma to contact any law enforcement agency to obtain information on such records and to release such records to the City of Parma.

I understand that a conviction of a crime does not automatically exclude me from consideration for such license and that I will be given the opportunity to explain any conviction I may have. I also understand that the City of Parma will evaluate any convictions of criminal offenses that may relate to the license I am applying for.

Driving Records

I hereby authorize the City of Parma to review my driving records and I authorize the Department of Motor Vehicles and any other agency with driving information to release their records to the City of Parma. I understand this may be a requirement of the license as I may be operating a vehicle within the city limits.

Name: _____

Current Address: _____

Previous Address: _____

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____ State Issued: _____

Print all other names previously used or known by: _____

Signature of Applicant

Date: _____

CONFIDENTIAL/COPY FOR LAW ENFORCEMENT ONLY