



2135 S Ammon Road, Ammon, ID 83406
Phone: (208)612-4000 Fax: (208)612-4009
www.cityofammon.us

ITINERANT MERCHANT SOLICITOR'S PERMIT APPLICATION

FOR OFFICE USE ONLY:	
Permit #:	_____
Clerk:	_____ Date: _____
Admin:	_____ Date: _____

APPLICANT INFORMATION

Name: _____ Email: _____

Home Street Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____ Birthdate: _____

Social Security Number: _____ - _____ - _____

EMPLOYER INFORMATION

Name of Business or Employer: _____ Nature of Business: _____

Business Street Address: _____ City: _____

State: _____ Zip Code: _____ Business Phone: _____ Business Fax: _____

PLEASE CIRCLE ONE – IF YES, PLEASE EXPLAIN IN DETAIL ON A SEPARATE SHEET

- | | | |
|---|------------|-----------|
| 1. Has applicant ever had a door to door permit or an itinerant merchant solicitor's permit denied or revoked? | YES | NO |
| 2. Has the applicant been convicted of or granted a withheld judgment for any felony in the last five (5) years? | YES | NO |
| 3. Has the applicant been convicted of or granted a withheld judgement for any felony or misdemeanor involving a battery or domestic violence within ten (10) years prior to the date of this application? | YES | NO |
| 4. Has the applicant been convicted of or granted a withheld judgment for any crime involving the sale, possession, or use of a controlled substance or the unlawful use or possession of drug paraphernalia, within the last five (5) years? | YES | NO |

BY SIGNING BELOW, THE APPLICANT AGREES: To pay the Itinerant Merchant Solicitor's Permit fee of five-hundred dollars (\$500.00) as well as the investigation fee of fifty dollars (\$50.00).

THE APPLICANT AFFIRMS THAT: The statements and answers included in this license application are honest and true. I also understand that providing false information is punishable by the laws and penalties set forth by the City of Ammon. I understand and agree that a background check, including a fingerprint-based nationwide criminal history background check shall be done prior to the issuance of the license currently being applied for. By signing below, I authorize said background checks to be performed and for the results of that background check to be used in the determination of my eligibility for a license in the City of Ammon.

Applicant's Signature: _____ Date: _____

FOR OFFICE USE ONLY	
<input type="checkbox"/>	Is applicant an employee of the business they represent? (Business must have a license.)
<input type="checkbox"/>	Is the applicant a contractor of the business they represent? (Applicant must have a letter or contract from the business.)
<input type="checkbox"/>	Is applicant self-employed? (If business is located in the City of Ammon, does applicant have an itinerant license?)