



DOOR TO DOOR SALES PERMIT APPLICATION

**** Application will not be accepted unless complete**

Business/Applicant Name: _____

Mailing Address: _____

Phone Number: _____ Requested Date(s) of permit use: _____

Idaho Sales Tax Number: _____

Description of the nature of business: (this should include the goods to be sold) _____

If a motor vehicle is used, give description and license number. (Attach copy of valid driver's license.)

Has a permit or license issued to the applicant been revoked in the last 5 years? Yes _____ No _____

If yes, list where and when:

Has applicant ever been convicted of a violation of any federal, state or municipal law? Yes _____ No _____

If yes, state the nature of the offense and date. Also, list the punishment and penalty.

Attach two (2) photographs of the persons who will be soliciting within the City limits of Star. Size to be: two inches by two inches (2" x 2"), showing the head and shoulders in a clear and distinguishable manner.

NOTE: (1) When the applicant proposes to sell any food product for human consumption, a copy of the health certificate from Central Health District shall be required prior to issuance of a license.

(2) Attach an example of the flyer(s) you may be handing out or hanging on doors.

Bond Requirement:

- Every business/individual which has or hires employees or agents to act in the capacity of vendor, solicitor, or temporary merchant, shall file with the City Clerk the following:
 1. Every applicant plying his trade as an individual, shall file with the City Clerk a bond, in the amount of one thousand dollars.
 2. Every business association, company or corporation, which has employees or agents acting in the capacity of vendor, solicitor, or temporary merchant, shall file with the City Clerk a bond covering all such employees in the amount of one thousand dollars (\$1,000.00) per employee to a maximum of five thousand dollars (\$5,000.00).
- The bond may be in the form of a surety bond issued by a company licensed to issue insurance in the State of Idaho, a money order or cashier's check payable to the City of Star, or cash delivered to the City. The bond shall protect against any and all claims against the vendor, solicitor or temporary merchant arising during the effective dated of the permit.
- Vendors, Solicitors and Temporary Merchants shall notify each customer that they are bonded and that any claim may be presented to the City at 10769 W. State Street during regular business hours.
- After expiration of a license, the City shall, upon written request of the licensee, return the bond within sixty (60) days after receipt of request for return, unless the City has been notified of a pending claim or cause of action by any person upon the bond.



City of Star
P.O. Box 130
Star, Idaho 83669
P: 208-286-7247
info@staridaho.org

**** PERMITS ISSUED ARE NOT TRANSFERABLE ****

- PERMIT FEES:
- _____ \$25.00 three consecutive days and under
 - _____ \$50.00 two weeks (14 consecutive days)
 - _____ \$75.00 over two weeks under three consecutive months
 - _____ \$125.00 annually (1 year)
 - _____ \$15.00 State of Idaho residents investigation fee
 - _____ \$41.50 (At Cost) Out of State residents – Idaho State Police/FBI Investigation fee

NOTE: Upon receipt of an application the City Clerk will refer the application to the Star Police Department or the Idaho State Police Department, at which time an investigation into criminal background, warrants, and driving records will be performed. If denied due to negative background results, applicant has up to ten (10) days to request a copy of results; after ten (10) days results are not available. Per Star City Code 2-4-5B if applicant has made a false statement on the application, the application may be denied. In cases where an application is denied and then appealed by the applicant, all investigation material will be presented to the Council.

APPLICANT SIGNATURE

DATE

The City Clerk shall issue or deny the permit within ten (10) working days upon receipt of a completed application.

Staff (v)	(OFFICE USE ONLY)	
	Completed and signed Application	Date Rec'd:
	Fee: \$	Check No.:
	Bond	
	Employee Information Sheet(s)	
	Copy of employee(s) driver's license	
	Signed Star Police Department Background permission form	
	Out of State Residents: _____ Federal Bureau of Investigation – Privacy Statement _____ Fingerprint Card (provided to applicant by City Clerk - fee paid to ISP)	
	Two (2) photo's attached	
	Copy of flyer attached (if appropriate)	
	Copy of health certificate from Central District Health (for food for human consumption)	
	Written consent by property owner, if the location of sales is not owned by the applicant.	

Approved: _____ Denied: _____ By: _____ Date Permit Issued: _____



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Employee Information

Each employee working for a Business applying for a Vendor, Solicitor, Temporary Merchant Permit must fill out an Employee Information Sheet and Consent to Record Search form.

Business/Applicant Name: _____

Requested Date(s) of permit use: _____

Employee Name: _____

Address: _____

Phone Number: _____ Driver's license number: _____

If personal motor vehicle is to be used, a description of the same, together with a license number or other means of identification. (Attach copy of valid driver's license.)

Have you ever been convicted of a violation of any federal, state or municipal law? Yes _____ No _____

If yes, state the nature of the offense and date. Also, list the punishment and penalty.

Attach two (2) photographs of the persons who will be soliciting within the City limits of Star. Size to be: two inches by two inches (2" x 2"), showing the head and shoulders in a clear and distinguishable manner.

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EMPLOYEE SIGNATURE

DATE



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CONSENT TO RECORD SEARCH

I, _____ AKA _____

ADDRESS

CITY _____ STATE _____ ZIP _____

HEREBY GIVE MY PERMISSION TO THE CITY OF STAR TO HAVE A POLICE RECORD SEARCH CONDUCTED IN REFERENCE TO MY APPLICATION FOR A VENDOR, SOLICITOR, TEMPORARY MERCHANT APPLICATION.

This form expires 15 months after the date signed below.

SIGNATURE

DATE

- A copy of a valid drivers license or identification card must be attached.

STAR CITY POLICE DEPARTMENT VERIFICATION:

DATE _____

OFFICER NUMBER _____

*****MUST BE COMPLETED AND SIGNED BY POLICE DEPARTMENT*****