City of Glenns Ferry
PO Box 910 l 110 E. 2nd Ave. l Glenns Ferry, ID 83623
Phone: (208)366-7418 l Website: glennsferryidaho.org

Vendor / Solicitor / Temporary Merchant Permit Application

City Code Chapter 3-6

Applicant Information

Applicant Name: _____

Address: _____

Phone: _____

Email: _____

Business & Goods Information

Business Name: _____

Employer (if applicable): _____

Employer Credentials: _____

Description of Goods/Services: _____

Location, where do you plan to operate: _____

Method of Operation: (table, tent, cart, vehicle) _____

Operation Dates: _____

Vehicle Information (If Applicable)

Vehicle Description: _____

License Plate: _____

Legal & Compliance Questions

Past 5-Year Revocations: _____

Criminal Convictions (if any): _____

Idaho Sales Tax Number: _____

Social Security Number or Driver's License Number _____

Hours of operation: 9:00 AM to sunset unless in commercial zone. License is non-transferable.
Vendors must comply with all City Codes and State Laws.

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Required Attachments

Two (2) 2x2 Photos – Attached: Yes / No

Central Health District Approval (if food): Yes / No

Proof of Insurance – Attached: Yes / No

1,000,000 per occurrence

2,000,000 per aggregate coverage

Fees

Vendor License Fee: $50.00 Annually

Additional Permits may be required:

Sidewalk Obstruction Permit (if setting up on sidewalks)

Catering Permit (if serving alcohol)

I certify the information provided is true and correct to the best of my knowledge.

Signature _____ Date: _____

Office Use Only

Application Complete: Yes / No

Zoning Verified: Yes / No

Fee Paid: Yes / No

Approved / Denied: Yes / No

License Number _____

Clerk Signature: _____

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