

City of Ammon
ITINERANT BUSINESS LICENSE
PERMIT APPLICATION

2135 S. Ammon Road, Ammon, ID 83406
PH. (208)612-4000 FAX (208)612-4009
Website - www.cityofammon.us

FOR OFFICE USE ONLY

Renewal ___ New Application* ___

Permit Number: _____

Clerk _____ Date _____

Planning _____ Date _____

BUSINESS NAME: _____ (as it appears on State ID Number)

Contact Name: _____ Email: _____

EIN or Social Security Number: _____ Sales Tax ID # _____

State ID # _____ Business Website (if applicable): _____

Physical Address: _____

Mailing Address: _____

Phone: _____ Mobile: _____ Fax: _____

Type of Business Entity: Individual ___ Partnership* ___ Corporation* ___

*If partnership or corporation provide a separate listing of the names and residential addresses of all persons owning ten (10) percent or more of the shares or assets of the business.

ATTN: All Itinerant Merchants are subject to an electrical inspection as determined necessary by the electrical inspector. Additional fees may apply.

List Items to be sold: _____

Has applicant ever had a license to conduct the business herein described denied or revoked? _____

If yes, please explain _____

List the names of Individual, Partners or Officers of a Corporation below:

NAME	ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____

Has the applicant (including all partners and/or officers) or employees listed above ever been convicted of a felony? _____

If yes, please explain _____

BY SIGNING BELOW THE APPLICANT AFFIRMS THAT: The information provided on the previous page (#1) of this application is a true and correct statement of the nature, place, ownership and management of the itinerant business for which this application is made and of the qualifications and disqualifications of the Applicant(s) and/or Business.

Signature of Applicant: _____ Date _____

Revised 9-21-11