

City of Ammon
DOOR TO DOOR SALES
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

Permit Number: _____ Exp. Date _____

Clerk _____ Date _____

Admin _____ Date _____

FOR OFFICE USE ONLY

Please Check One Below.

- Is applicant an employee of the business they represent? (Business must have Itinerant License)
- Is applicant a contractor of the business they represent? (Applicant must have letter or contract from business).
- Is applicant self employed? (If so, is business located in the City of Ammon)?

APPLICANT INFORMATION

PLEASE PRINT OR TYPE

NAME: _____

Home Street Address: _____ Email: _____

City, State and Zip Code: _____

Home Phone: _____ Mobile: _____ Fax: _____

Birthdate _____ Social Security Number _____ - _____ - _____ Sex M F (circle one)

NAME of Business or Employer: _____ Nature of Business: _____

Business Address: _____ Email: _____

City, State and Zip Code: _____

Business Phone: _____ Business Fax: _____

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

- | | | |
|--|------------|-----------|
| 1. Has applicant ever had a permit to conduct door to door sales denied or revoked? | YES | NO |
| 2. Has the applicant been convicted of or granted a withheld judgment for felony with the last five (5) years? | YES | NO |
| 3. Has the applicant been convicted of or granted a withheld judgment for any felon or misdemeanor involving a battery or domestic violence within then (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 AFFIRMS THAT: The statements and answers included in this license application are true as they relate to this application. 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.

Signature of Applicant: _____ Date _____

My initials acknowledge my receipt of a summary of the City Code regarding Door to Door Sales * _____ Date _____

***Do NOT initial prior to your receipt of the summary.**