

City of Ammon
MOBILE VENDOR
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: _____ Exp. Date _____
Permit Fee \$ _____ Approval Date _____
Fire Inspection \$ _____
Electrical Inspection \$ _____
Clerk Approval _____

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 mobile vendors are subject to an electrical inspection as determined necessary by the electrical inspector. Additional fees may apply.

Number of vehicles to be used: _____

License Plate Number(s): _____

Have you paid any fine, been placed on probation, received a deferred sentence, received a withheld judgment or completed any sentence of confinement for any felony, within five (5) years prior to the date of this application?
YES _____ NO _____

If yes please explain: _____

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

Signature of Applicant: _____ Date _____