



ITINERANT MERCHANTS LICENSE APPLICATION

Name _____

Mailing Address _____

Social Security Number _____

Driver's License Number _____

Vehicle Model _____ Year _____ License Number _____

Idaho Sales Tax Number _____ (if you do not have one, call the State Tax Commission for a temporary number at (208) 334-7660)

Description of Items for Sale and Location: _____

I, the undersigned, hereby certify that the information given above to be correct and factual.

Vendor Date _____

If application is made by other than the person doing business, fill out the following:

Application made by _____

Address _____

Social Security Number _____

I, the undersigned, hereby certify that the information I have given on behalf of another person to be correct and factual.

Representative for Vendor Date _____

<p><u>Fees:</u> First Issuance \$25.00 Every visit thereafter until year-end: \$5.00</p>
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