

CITY OF IONA

3548 N MAIN P.O. BOX 487 IONA, ID. 83427 208-523-5600(Phone) 208-535-0087(Fax)

MOBILE FOOD VENDOR APPLICATION

| NEW (| RENEWAL | \bigcirc | CHANC | GE OF IN | FORMATION | \circ | | | | |
|---|--|---------------------------|-------------------------|----------|------------|---------|--|--|--|--|
| License Fee (New & Renewal) | | | | | | | | | | |
| Idaho Business \$50.00 | 0 | | ut of State Bu 50.00 | siness | 0 | | | | | |
| Business Full Name | | Business Physical Address | | | | | | | | |
| Business Phone Number | siness Phone Number Business Mailing Address | | | | | | | | | |
| Business Contact (Owner/Mana | ger) | State Sales Tax | · # | | | | | | | |
| Date Business Established: | | _· | | | | | | | | |
| Association | rship 🔘 | Corporation | on 🔘 | Other | \bigcirc | | | | | |
| Please list all of the individuals who will be selling goods/services within the City of Iona for the business listed above. Each individual must provide a copy of a valid state issued identification card. | | | | | | | | | | |
| First, Middle, Last Name Date of Birth I.D. Number or Social Security Number | | | | | | | | | | |
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| Please list the vehicle registration information and description in which the food will be sold from. | | | | | | | | | | |
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| Briefly describe the nature/type of business and the goods and services to be sold. | | | | | | | | | | |
| | | | | | | | | | | |

| Please describe whether any business-related permit or license held by the applicant or any of the applicant's agents or employees has been revoked within the past five (5) years by any jurisdiction, and if so, where, when and why the revocation occurred. | | | | | | | | | |
|---|---|--|--|--|--------------------------------------|--|--|--|--|
| | | | | | | | | | |
| Please list any felony convictions or crimes five (5) years prior to the date of this application. | • | any of the | e applicants lis | sted above w | ithin | | | | |
| Licenses will be approved/denied within 30 the 30 day review period, the applicant's liafter the initial 30 day review period for AN | cense fee will be re | <u>eimburse</u> | d. If the appli | <u>cation is den</u> | <u>ied</u> | | | | |
| Please understand the Mobile Food Vendoryear. Mobile Vendors shall not make sale (2) consecutive hours. Mobile Vendors will the vendors sales within a one hundred for City Code or Idaho State Law may revoke to be given the opportunity to request a rein | s from any one loc Il pick up and remo ot (100') radius of this license. If this | ation on ove all lit the sale license i | a public stree ter, trash and s vehicle. And is revoked for | et for more the waste relate violation of any reason, | han two ed to lona you will | | | | |
| next council meeting within 30 days of rev | | incerise ii | om the long v | city country | at the | | | | |
| Bonneville County Sherriff's Office | Approved | | Denied | 0 | | | | | |
| Mayor of Iona | Approved | 0 | Denied | 0 | | | | | |
| City Clerk | | | | | | | | | |
| Date of License: to | | J. | | | | | | | |

Explanation will be attached if application is denied.