



CITY OF IONA
 3548 N. Main Street (208) 523-5600
 Iona, Idaho 83427 cityclerk@cityofiona.org

APPLICATION FOR ITINERANT BUSINESS PERMIT

Iona City Code §§ 4-6-3 through 4-6-7 [Application Fee: \$140]

APPLICANT INFORMATION

Applicant's Full Name: _____ SSN: _____

Applicant's Mailing Address: _____

BUSINESS INFORMATION

Business Name, if any (incl. d/b/a): _____

Business Address: _____

(If Entity) Name & Address of All Persons owning 10% or more of Entity:

ITINERANT BUSINESS INFORMATION

Attach a Copy of Valid Photo ID of all Persons operating under this Permit (including any drivers of vehicles)

Have you (or anyone operating under this Permit, "Operators") ever been convicted of a crime? No Yes

Describe any crime you (or anyone operating under this Permit) have been convicted of (crime, location, date, case number, etc.): _____

What kind of business will you operate? Itinerant Merchant Mobile Food Vendor Door-to-Door Sales

Brief Description of Nature of your Business and the Goods/Services to be Sold (including a description of the menu, food, beverages, or confections to be sold by a Mobile Food Vendor): _____

Registration Info and Description of any Vehicle to be used with the Business: _____

Have you (or any Operator) had a business-related permit/license revoked in the past 5 years? No Yes

If so, please provide details (jurisdiction, location, date, reason for revocation, etc.): _____

Where in the City of Iona will you be operating your business? _____

I certify (or declare) under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Signature: _____

Date: _____

OFFICE USE ONLY

Accepted by: _____

Date: _____

\$140 Fee Received Business License

Permit Number: ITIN- _____

Date Investigation Completed: _____

Council Meeting: _____