

# City of Caldwell



## Submit Application to:

City of Caldwell  
Attention: City Clerk  
P.O. Box 1179  
411 Blaine Street  
Caldwell, ID 83606  
Phone: (208) 455-4656  
Fax: (208) 455-3003

### PEDDLER or DOOR-TO-DOOR SALESMAN LICENSE (12-month period)

**All individuals must complete the application and be approved for a license before any such business may be operated within the City of Caldwell.**

Date of Application: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last: \_\_\_\_\_

Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ HT. \_\_\_\_\_ Wt. \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth \_\_\_\_\_, Social Security Number \_\_\_\_\_

Local Address \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

List last two addresses \_\_\_\_\_

\_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell/Other: \_\_\_\_\_

Name of Company \_\_\_\_\_

Address of Company \_\_\_\_\_

Business Phone Number \_\_\_\_\_

Mode of Sales: \_\_\_\_\_ Door-to-door Contact

\_\_\_\_\_ Mobile unit along public right-of-way

Description of vehicle: Year \_\_\_\_\_, Make \_\_\_\_\_, Model \_\_\_\_\_, Color \_\_\_\_\_

Nature of business and goods or services to be sold or solicited \_\_\_\_\_

\_\_\_\_\_

Has a permit or license been revoked during the past five years? \_\_\_\_\_

If yes, where and when? \_\_\_\_\_

List any occasions within the past five years that you have been arrested for any crime, misdemeanor or violated any municipal laws.

<u>Date of Arrest</u>	<u>Place of Arrest</u>	<u>Charge</u>	<u>Disposition</u>

\_\_\_\_\_ *(initial)* I HAVE READ ALL THE ABOVE AND DECLARE UNDER PENALTY OF PERJURY THAT EACH AND EVERY STATEMENT MADE IS TRUE, CORRECT AND COMPLETE.

\_\_\_\_\_ *(initial)* I HAVE READ THE ATTACHED CITY CODE (CHAPTER 6, ARTICLE 5) CONCERNING THE DOOR-TO-DOOR SALESMEN, PEDDLER, OR TRANSIENT MERCHANT LICENSE.

\_\_\_\_\_ *(initial)* I HAVE READ THE ATTACHED CITY CODE (CHAPTER 1, ARTICLE 5) CONCERNING THE APPEAL PROCESS TO CITY COUNCIL IF LICENSE IS DENIED.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**APPROVAL SIGNATURES**

<b>REVIEWER</b>	<b>SIGNATURE</b>	<b>DATE</b>	<b>DETERMINATION</b>		
CITY CLERK			APPROVED		DENIED
POLICE CHIEF			APPROVED		DENIED

Denied for the following reasons: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ATTACHMENTS**  
TO BE SUBMITTED WITH THE APPLICATION

<b>Description of Item</b>	 For office use only
<p><b>Application Fee: \$50</b> Paid after license is approved. Make check payable to the City of Caldwell.</p>	
<p><b>Driver's License:</b> Must be current within the state who issued the license.</p>	
<p><b>One (1) recent passport-sized photograph (2"x2"):</b> Applicant must provide photo to be displayed on the license.</p>	
<p><b>Federal Bureau of Investigation (FBI) Background Check:</b> Applicant shall request from the Idaho State Police (Bureau of Criminal Identification) a fingerprint-based national background check, understanding that the fingerprints will be submitted to the FBI for investigation. (See attached Privacy Statement from FBI.)</p> <p>Fingerprint card will be provided to the applicant by the City Clerk. Results will be submitted by the ISP to the City Clerk for review.</p> <p><i>Allow approximately 2-3 weeks for processing the background check through the Idaho State Police/FBI.</i></p>	
<p><b>Federal Bureau of Investigation – Privacy Statement:</b> Applicant must sign the Idaho State Police Bureau of Criminal Identification – Noncriminal Justice Applicant Privacy Statement. (This form remains in the applicant's file.)</p>	
<p><b>Southwest Health District Inspection Certificate:</b> This certificate is only required if the applicant is selling food.</p> <p>Attach certificate from the Southwest District Health Department, 13307 Miami Lane - Caldwell, Idaho Phone: (208) 455-5300</p>	
<p><b>Proof of Vehicle Insurance and Vehicle Registration:</b> Documentation for all vehicles used by the applicant in relation to any of the activities covered through this application. This would include transportation to and from an area where the applicant will be traveling on foot.</p> <p>Where multiple applicants will be <i>sharing a single vehicle</i>, such facts must be stated on the application, and at least one of the applicants must produce the required documentation at the time of submittal.</p>	
<p><b>Idaho Transportation Department – Driving Record:</b> If the sale or advertising of the applicant's goods is made from a motor vehicle, then the applicant must submit an official Idaho Driver's License Record, obtainable from the Idaho Transportation Department, and <i>issued within thirty (30) days</i> prior to the City Clerk's receipt of the application.</p>	
<p><b>State of Idaho Tax Commission – Certificate Resale Tax Number:</b> Certificate is issued by the Idaho Tax Commission at 800 Park Boulevard, Plaza IV – Boise Phone: 334-7660</p>	