

City of Grangeville

DOOR-TO DOOR SOLICITATION PERMIT APPLICATION

Date of Application _____ One Day Permit One Year Permit

BUSINESS NAME _____

BUSINESS LOCATION _____

MAILING ADDRESS _____

BUSINESS PHONE _____ STATE TAX ID NUMBER _____

IF VEHICLES ARE USED

YEAR	MAKE	MODEL	COLOR	PLATE #

BRIEF DESCRIPTION OF THE NATURE OF THE BUSINESS AND THE GOODS OR SERVICES TO BE SOLD OR PROVIDED: _____

APPROVED

DENIED

BY _____ Date _____

BUSINESS NOTIFIED BY _____

LICENSE ISSUED _____

LICENSE EXPIRES _____

City of Grangeville
DOOR-TO DOOR SOLICITATION PERMIT APPLICATION
OWNER APPLICATION

Owners Name _____

Home Address _____

Home Phone _____ Work Phone _____

Aliases or assumed names _____

Date of Birth _____ Social Security Number _____

Position held with business _____ Years _____

Addition Home Address, Length at address:

Work History for last five years (use additional sheets if necessary)

Date of employment _____

Employer _____

Address _____

Work Performed _____

Work History for last five years (use additional sheets if necessary)

Date of employment _____

Employer _____

Address _____

Work Performed _____

References:

List at least two reliable Idaho County property owners who can certify to your good character and business responsibility

Name _____

Address _____ Phone _____

Name _____

Address _____ Phone _____

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OR HAVE YOU EVER FORFEITED BOND TO APPEAR IN COURT FOR ANY CRIME, EXCLUDING MINOR TRAFFIC OFFENSES

YES NO

If yes, please list on back, or on a separate piece of paper, the crimes (s) date of convictions (s) or Forfeitures and the circumstances and disposition of the case.

Note: Any inaccurate or incomplete answers to the above questions shall be automatic grounds for denial of license

Owners Signature _____ Date _____

City of Grangeville
DOOR-TO DOOR SOLICITATION PERMIT APPLICATION
EMPLOYEE APPLICATION

(Application must be filled out by each employee)

Employee Name _____

Home Address _____

Home Phone _____ Work Phone _____

Aliases or assumed names _____

Date of Birth _____ Social Security Number _____

Job Title/Duties _____ Years _____

Residences for last five years – length at address:

Work History for last five years (use additional sheets if necessary)

Date of employment _____

Employer _____

Address _____

Work Performed _____

Work History for last five years (use additional sheets if necessary)

Date of employment _____

Employer _____

Address _____

Work Performed _____

References:

List at least two reliable Idaho County property owners who can certify to your good character and business responsibility

Name _____

Address _____ Phone _____

Name _____

Address _____ Phone _____

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OR HAVE YOU EVER FORFEITED BOND TO APPEAR IN COURT FOR ANY CRIME, EXCLUDING MINOR TRAFFIC OFFENSES

YES NO

If yes, please list on back, or on a separate piece of paper, the crimes (s) date of convictions (s) or Forfeitures and the circumstances and disposition of the case.

Note: Any inaccurate or incomplete answers to the above questions shall be automatic grounds for denial of license

Employee's Signature _____ Date _____