Application for Vendor Permit - EVENT

EVENT VENDOR FEE: \$50.00 FEE FOR POWER: \$10.00

City of Wilder P.O. Box 687, Wilder, Idaho 83676 (208) 482-6204, Fax (208) 482-6204

Application Date	Fee Paid	
Event or Reason:		
Date of Event:		
Nome of Applicant		
Name of Applicant:		
Business Name or dba:		
Mailing Address:		
Physical Address:		
City:	State:	Zip
Telephone: ()	Fax	
E-Mail:		
What size of space do you need? ———————————————————————————————————	ate which)ag tables and chairs. If you is the power will be available, but of the place those that	require power, you must supply but depending on your location need power closest to those
Merchandise to sell, information provided or	goods to deliver:	·

When any food or product for human consumption is being sold, a certification by the Southwest District Health shall be required on the day of the event. Failure to pass the Southwest District Health inspection makes this license null and void and vendor must close and leave event. You need to contact the Southwest District Health Department at least seven (7) days prior to the event. Their phone number is (208) 455-5404 and they are located at 13307 Miami Lane, Caldwell, ID 83607.

IN CONSIDERATION FOR GRANTING THE LICENSE AND OTHER GOOD AND VALUABLE CONSIDERATION, APPLICANT HEREBY AGREES TO INDEMNIFY THE CITY OF WILDER FROM AND AGAINST ALL LIABILITY, THEFT, DAMAGE, DESTRUCTION, INJURY OR LOSS WHATSOEVER THAT APPLICANT MAY SUSTAIN.

IF LICENSE IS GRANTED, APPLICANT AGREES TO COMPLY WITH ALL LAWS AND ORDINANCES OF SAID CITY APPLICABLE TO THE SUBJECT MATTER THEREOF. THIS PERMIT IS VALID ONLY FOR THE UN DERSIGNED AT THE LOCATION(S) AND FOR THE DATES SET FORTH ON THIS LICENSE

The Undersigned hereby apply for a License to conduct business within the City of Wilder, Idaho. Pursuant to Wilder City Code 2-3 and confirms that the above facts are true, correct and complete.

Signature of Applica	nt	Date
APPROVED DENIED	DATE:	
City Clerk		