

City of Mackay



Top of Idaho

# VENDOR/SOLICITOR LICENSE

**CITY ORDINANCE 441**

**City of Mackay**

**PO Box 509**

**Mackay, Idaho 83251-0509**

**208-588-2274**

**mackayidaho-city.com**

**FORM COM-VL-1-4.17**

Please Print Legibly

**Applicant Name:** \_\_\_\_\_

**Physical Address:**

Street

City

State

Zip Code

**Mailing Address:**

Street or Post Office Box

City

State

Zip Code

**Contact Info:**

Home Phone

Cell Phone

Email

Drivers License #

**Description of Goods/Services to be provided:**

Describe business

**At Location/Event:**

Place where business will be conducted

By signing below, the Applicant certifies the above information is correct and they have obtained the appropriate licenses and permits required by the State of Idaho such as Sales Tax Number, Health Department Certificate, etc. The Applicant agrees to abide by the stipulations set forth in Ordinance 441 and shall defend, indemnify and hold the City of Mackay, its officers, officials, employees and volunteers harmless from any and all claims, injuries, damages, losses or suits including attorney fees, arising out of or in connection with the performance of this License.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

TO BE COMPLETED BY CITY CLERK

**This License is valid for the period** \_\_\_\_\_

**to** \_\_\_\_\_

**Fee Paid \$25.00/24 hrs**

(Increments of 24 hrs only):

**Number of Hours:** \_\_\_\_\_

**Total Fees Paid:** \_\_\_\_\_

**City Clerk:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Not Valid Without  
City Seal