

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-1-5.17

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 Calendar Year of _____

Fee Paid \$50.00 (not to be prorated)

City Clerk: _____ **Date:** _____

Not Valid Without
City Seal