City of Caldwell



Submit Application to:

City of Caldwell
City Clerk's Office
P.O. Box 1179
411 Blaine Street
Caldwell, ID 83606

Phone: (208) 455-4773 (208) 455-4656

Fax: (208) 455-3003

cityclerk@cityofcaldwell.org

Non-Profit Vendor

A non-profit entity, wishing to conduct fundraising activities within city right-of-way, may apply for a license through the City Clerk. Any license issued under this special provision shall be for a period of time not exceeding six hours, and the license shall specify the day or days on which said license may be exercised.

All individuals must complete the application and a Non-Profit Vendor License must be issued to the applicant by the City Clerk's Office before any such business may be operated within the City of Caldwell.

| Date of Application: | | | |
|---|-------------------|---------------------|------------------|
| Requested date of activity: | | Begin and end time: | to |
| | | | (6-hour maximum) |
| Name of Non-Profit Organization: | | | |
| Organization contact: (Name & contact | number): | | |
| | | | |
| Coordinator Information | | | |
| First Name: | _Middle Initial:_ | Last Name: | |
| Address | City | State _ | Zip |
| Email address: | | | |
| Home Phone Number: | | Cell/Other: | |
| Nature of goods to be sold (example – 0 | | - | |
| Requested location: | | | |

| Signature of | of Applican | t | Date |
|--------------|-------------|---|--|
| | _(maar) | THE APPEAL PROCESS TO CITY COUI | |
| | _(initial) | | CODE (CHAPTER 1, ARTICLE 5) CONCERNING |
| | _(initial) | I HAVE READ THE ATTACHED CITY CO PEDDLER AND DOOR-TO-DOOR SALE | CODE (CHAPTER 6, ARTICLE 5) CONCERNING |

APPROVAL SIGNATURES

| REVIEWER | SIGNATURE | DATE | DETERMINATION | |
|--------------|-----------|------|---------------|--------|
| | | | | |
| CITY CLERK | | | APPROVED | DENIED |
| | | | | |
| POLICE CHIEF | | | APPROVED | DENIED |

| Denied for the following reasons: | | |
|-----------------------------------|--|--|
| | | |
| | | |

ATTACHMENTS TO BE SUBMITTED WITH THE APPLICATION

| Description of Item | For office use only |
|--|---------------------|
| Verification of Non-Profit status | |
| A copy of the form verifying non-profit status. | |
| Driver's License: | |
| Must be current within the state who issued the license. | |
| Southwest Health District Inspection Certificate: | |
| This certificate is only required if the applicant is selling food. | |
| Attach certificate from the Southwest District Health Department, 13307 Miami Lane - | |
| Caldwell, Idaho Phone: (208) 455-5300 | |
| State of Idaho Tax Commission – Certificate Resale Tax Number: | |
| Certificate is issued by the Idaho Tax Commission at 800 Park Boulevard, Plaza IV – | |
| Boise Phone: 334-7660 | |