



City Clerk's Office
MOBILE SALES UNIT LICENSE
(Door to Door)
Application

THIS APPLICATION SHALL NOT BE CONSIDERED COMPLETE UNTIL STAFF HAS RECEIVED ALL REQUIRED INFORMATION.

Applicant:		File #:
Date complete application received:		Date license issued or denied:
Applicant ✓	APPLICATION REQUIREMENTS:	Staff ✓
	Completed Mobile Sales Unit License (Door to Door) Application	
	Color copy of valid driver's license or government issued identification card	
	2"x 2" Color photograph of applicant	
	Proof of general liability insurance policy - see attached example <ul style="list-style-type: none"> Names City of Meridian as <u>additional insured</u> \$500,000.00 per person bodily injury \$500,000.00 per occurrence bodily injury \$100,000.00 per occurrence property damage 	
	Proof of Motor Vehicle Insurance	
	Proof of Central District Health approval/permit (if applicable)	
	Application fee - \$73.25 (Includes \$33.25 fingerprinting and \$40.00 licensing)	
	Fingerprints taken in City Clerk's Office at time of application. <ul style="list-style-type: none"> City Clerk staff will provide applicant with Privacy Statement. 	
STAFF USE ONLY:		
	Meridian Police Department approval/background check	
	Meridian Attorney's Office approval	



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APPLICANT INFORMATION

Applicant Name: _____ Phone: _____

Applicant Address: _____

E-mail: _____ Driver's License state/number: _____

Employer: _____ Phone: _____

Employer E-mail Address: _____

Employer Address: _____

Tax Identification Number: _____

Idaho agent for service of process (*person responsible for receiving legal documentation on Applicant's behalf*):

List all infraction, misdemeanor or felony arrests/charges and dispositions (conviction, acquittal, or dismissal), including any probation violations and/or bail forfeitures: _____

DESCRIPTION OF OPERATIONS

Dates, hours, and locations of operation: _____

Product(s) to be sold/offered for sale: _____

Form(s) of transport to be used in operation, traveling, and/or sales: _____

Complete for any and all motor vehicles (*attach additional pages if necessary*):

License plate state and number	Make	Model	Color



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/10/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

Applicant's Insurance Producer
123 Naidirem Street
Meridian, Idaho 83642

CONTACT

NAME:
PHONE (A/C, No, Ext): (208) 123-4567

FAX (A/C, No): (208) 123-4567

E-MAIL ADDRESS: info@insurance.com

INSURERS OFFERING COVERAGE

NAIC #

INSURER A: Insuricare Insurance Compaany

12345

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED

Applicant
123 Application Street
Application, Idaho 81234

Policy is issued by an insurance company licensed to do business in Idaho (confirm at naic.org)

Policy is in effect during time of permitted/licensed activity

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> STOP GAP LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	23BPS11698	2/13/2023	2/13/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	23BAS11698	2/13/2023	2/13/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N/A	23BWS11698	2/13/2023	2/13/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of Meridian is an additional insured party.

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CERTIFICATE HOLDER

City of Meridian
33 E Broadway Ave
Meridian, ID 83642

Certificate holder is City of Meridian

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Bob Parr