



City Clerk's Office
 MOBILE SALES UNIT LICENSE
 (Vendor)
 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 (Vendor) Application	
	Color copy of valid driver's license or government issued identification card	
	2"x 2" Color photographs of applicant	
	Proof of general liability insurance policy - see attached example <ul style="list-style-type: none"> • Names City of Meridian as additional insured • \$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	
	~Meridian Fire Department Food Truck Inspection (additional fees may apply) Fire Prevention and Permits ~OR Proof of Current Fire Inspection sticker	
	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 Fire Department approval (if applicable)	
	Meridian Attorney's Office approval	
	Meridian Parks Department approval (if applicable)	



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: _____

Applicant will operate and/or travel within a park: Yes No

Product(s) to be sold: _____

Operations will include (*check all that apply*):

Mobile food preparation

Use of cooking oils

Production of smoke/vapors

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 Applicants 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 INSURER A: Insuricare Insurance Comoaany INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 12345
INSURED Applicant 123 Application Street Application, Idaho 81234	<div style="border: 1px solid red; padding: 2px; display: inline-block;">Policy is issued by an insurance company licensed to do business in Idaho (confirm at naic.org)</div> <div style="border: 1px solid red; padding: 2px; display: inline-block; margin-left: 20px;">Policy is in effect during time of permitted/licensed activity</div>	

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



Idaho State Police

Bureau of Criminal Identification



NONCRIMINAL JUSTICE APPLICANT PRIVACY STATEMENT

As an applicant who is the subject of a national fingerprint-based criminal history record check for a non-criminal justice purpose, you have certain rights, which are discussed below.

This serves as notification from City of Meridian that your fingerprints will be used to check the criminal history records of the State of Idaho and the FBI and that those records will be used solely for the purpose requested and may not be disseminated outside the receiving department, related agency or other authorized entity. The collection of applicant fingerprints in Idaho is authorized by Idaho Code §67-3008.

- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- Procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record, or decline to do so, before being denied the job, license, or other benefit based on information in the criminal history record.
- Disclosure of your Social Security number is voluntary and is solicited pursuant to the Federal Privacy Act and Idaho Code §67-3012 to aid the processing of an interstate background check request for noncriminal justice purposes allowed by federal statute, federal executive order, or a state statute that the attorney general has approved.

The fingerprints and information reported from this request may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC § 552a). Routine uses include, but are not limited to, disclosures to appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities or application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks. Fingerprints will be searched against all available fingerprints retained in the NGI system. Depending on the nature of your application, other authorities may include numerous Federal or State statutes pursuant to Public Law 92-544 or other authorized authorities. Idaho does not retain non-police applicant fingerprints, and those prints are not retained at the FBI for future comparisons against submitted fingerprint requests at the time of the applicant's submission.

According to Idaho state law, and if agency policy permits, you may be provided a copy of your FBI criminal history record for review and possible challenge upon submission of a written request. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process can be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same website address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/ corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30-16.34)

If a change, correction, or update needs to be made to an Idaho criminal history record, that process information is available on the Idaho State Police website <https://isp.idaho.gov/bci/criminal-history/>

700 South Stratford Drive, Suite 120 • Meridian, Idaho 83642-6251

EQUAL OPPORTUNITY EMPLOYER

Revised 08/08/25