**City Ordinance 471**

**City of Mackay | PO Box 509 | Mackay, Idaho 83251-0509**

**208-588-2274 | Fax: 208-588-2294 | mackayidaho-city.com**

 **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  |
| **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 471 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:** |

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|  This License is valid for the period of one year for a Fee of $50.00From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Issue Date Expiration Date** **City Clerk: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Not Valid Without****City Seal** |

**TO BE COMPLETED BY CITY CLERK**