



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

APPLICANT INFORMATION

MSU-26-0146

Applicant Name: Dalton White Phone: 409 300 7096
Applicant Address: 2411 E Riverside DR Building 0 #204
E-mail: whitedal42@icloud.com Driver's License state/number: 34164975
Employer: EXO pest Phone: (208) 701-1686
Employer E-mail Address: contact@exopestboise.com
Employer Address: 6415 W. Ustick RD, Boise 83704
Tax Identification Number: _____

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

Glaysen Pfautsch

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

DESCRIPTION OF OPERATIONS

Dates, hours, and locations of operation: Mon-Fri 12-8, Saturday 9-4

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

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

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

License plate state and number	Make	Model	Color
VLC 1181	Toyota	RAV 4	Silver

 **Texas** USA
DRIVER LICENSE
Director: *Scott McCrory*



DRIVER LICENSE

4d. DL: **34164975** 9. Class: **C**
3. DOB: **08/21/1994** 4b. Exp: **08/21/2032**
4a. Iss: **11/01/2024**

1. **WHITE**
2. **DALTON DREW**
8. **350 TWIN CITY HWY TRLR 98**
PORT NECHES, TX 77651-6229
12. Rest: **NONE** 9a. End: **NONE**
16. Hgt: **5'-11"** 15. Sex: **M** 18. Eyes: **BRO**
5. DD: **56220451116031617473**

Dalton Drew

 1002848391

CLASS: C-Single or comb veh w/ GVWR ≤ 26,000 lbs which transports placarded HAZMAT or ≥ 16 pass, including driver.
REST: NONE
END: NONE

DOB: 08/21/1994

REV: 07/16/2021

Directive to physician has been filed at Tel #
Emergency Contact #
Allergic reaction to drugs:



TEXAS ROADSIDE ASSISTANCE: 1-800-525-5555





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/16/2026

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 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 Quayle Insurance Agency 470 Pershing Ave Pocatello ID 83201		CONTACT NAME: Stihl Quayle PHONE (A/C, No, Ext): 2084177357 E-MAIL ADDRESS: dquayle@farmersagent.com FAX (A/C, No): 2084177358															
INSURED EXO PEST LLC 815 West Sagwon Kuna ID 83634		<table border="1"><tr><td>INSURER(S) AFFORDING COVERAGE</td><td>NAIC #</td></tr><tr><td>INSURER A : Covington Specialty Insurance Company</td><td>13027</td></tr><tr><td>INSURER B :</td><td></td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Covington Specialty Insurance Company	13027	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER F :																	

COVERAGES**CERTIFICATE NUMBER:** 0001**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 INSR	SUBR VWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR	Y	N	VBB196952	10/14/2025	10/14/2026	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						
GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG \$	
AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ HIRED AUTOS ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$	
						BODILY INJURY (Per person) \$	
						BODILY INJURY (Per accident) \$	
						PROPERTY DAMAGE (Per accident) \$	
						\$	
UMBRELLA LIAB ☐ EXCESS LIAB ☐ DED ☐ RETENTION \$						EACH OCCURRENCE \$	
						AGGREGATE \$	
						\$	
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 ☐ N / A				WC STATU-TORY LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	

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

The City of Meridian is additionally insured

CERTIFICATE HOLDER**CANCELLATION**

City of Meridian 33 E Broadway Ave Meridian, ID 83642	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 Stihl Quayle

Driver Names:
DALTON WHITE
MEGAN WHITE

For Consumer Inquiries Call: 800-772-6535

This policy provides at least the minimum amounts of liability insurance required by the Texas Motor Vehicle Safety Responsibility Act for the specified vehicles and named insureds and may provide coverage for other persons and vehicles as provided by the insurance policy.

To Report a Claim Call: 800-266-5458

Cut or Tear Here

Name and Address of Insured:

DALTON WHITE
MEGAN WHITE
350 TWIN CITY HWY TRLR 98
PORT NECHES TX 77651-6229

Texas Liability Insurance Card

Texas Farm Bureau Underwriters

Policy Number: 23533654

Effective Date: 05/17/2025

Print Date: 04/16/2025

Expiration Date: 11/17/2025

Agent: RICHARD ASHLEY JOFFRION

Agent Phone: 409-729-9400

Year Make/Model/Vehicle Identification

2020 TYTA RAV4 XLE PREMIUM 2T3C1RFV5LW076122
2012 TYTA VENZA LE/XLE/LIMITED 4T3ZK3BB8CU048119

Driver Names:
DALTON WHITE
MEGAN WHITE



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To Report a Claim Call: 800-266-5458

191421

You may also be asked to show this card or your policy if you have an accident or if a peace officer asks to see it.

All drivers in Texas must carry liability insurance on their vehicles or otherwise meet legal requirements for financial responsibility. If you do not meet your financial responsibility requirements, you could be fined up to \$1,000, your driver's license and motor vehicle registration could be suspended, and your vehicle could be impounded for up to 180 days (at a cost of \$15 per day).

Texas Liability Insurance Card

Keep this card.

IMPORTANT: You must show this card or a copy of your insurance policy when you apply for or renew your:

- (A) Motor vehicle registration
- (B) Driver's license
- (C) Motor vehicle safety inspection sticker.

You may also be asked to show this card or your policy if you have an accident or if a peace officer asks to see it.

All drivers in Texas must carry liability insurance on their vehicles or otherwise meet legal requirements for financial responsibility. If you do not meet your financial responsibility requirements, you could be fined up to \$1,000, your driver's license and motor vehicle registration could be suspended, and your vehicle could be impounded for up to 180 days (at a cost of \$15 per day).

póliza si tiene un accidente o si se la pide un oficial de policía.

Todos los conductores en Texas deben tener un seguro de responsabilidad civil para sus vehículos, o de lo contrario deben cumplir con los requisitos legales de responsabilidad financiera. Si usted no cumple con los requisitos de responsabilidad financiera, podría estar sujeto a pagar una multa de hasta \$1,000, mas la suspensión de su licencia de conducir y la suspensión del registro del vehículo, y además su vehículo podría ser confiscado por hasta 180 días (a un costo de \$15 por día).

Tarjeta de Seguro de Responsabilidad

Civil de Texas
Guarde esta tarjeta

IMPORTANTE: Usted debe mostrar esta tarjeta o una copia de su póliza de seguro cuando solicite o renueve su:

- (A) Registro del vehículo motorizado
- (B) Licencia de conducir
- (C) Etiqueta de inspección de seguridad para su vehículo.

También se puede pedir que usted muestre esta tarjeta o su póliza si tiene un accidente o si se la pide un oficial de policía.

Todos los conductores en Texas deben tener un seguro de responsabilidad civil para sus vehículos, o de lo contrario deben cumplir con los requisitos legales de responsabilidad financiera. Si usted no cumple con los requisitos de responsabilidad financiera, podría estar sujeto a pagar una multa de hasta \$1,000, mas la suspensión de su licencia de conducir y la suspensión del registro del vehículo, y además su vehículo podría ser confiscado por hasta 180 días (a un costo de \$15 por día).