



BUSINESS LICENSE APPLICATION

300 Main Street – PO Box 140, Filer, ID 83328 – Phone (208) 326-5000

NEW RENEWAL

Anticipated Start Date: _____

Business Name: _____

Business Location: _____

Mailing Address: _____

Business Telephone: _____ Cell: _____

Website: _____

Email: _____

(Check One) Sole Proprietor Partnership Limited Liability Corporation Trust

BUSINESS OWNER INFORMATION:

Name/Title: _____

Address: _____

Telephone: _____

Property Owner Signature: _____

IDENTIFICATION: (NOTE: All Business License Applications are subject to an inspection prior to license issuance)

- I am an owner/operator (no employees); OR
- I have employees and understand that valid Worker's Compensation is required prior to conducting business/work.
- I have included a copy of all Federal/State/Contactor/DRE/Liquor/Health, etc. Licenses issued to my business.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

PRINT NAME / TITLE

SIGNATURE

DATE

BUSINESS LICENSE OPERATIONAL STATEMENT

It is important that the operational statement provides for a complete understanding of your business.

Applicant Name(s): _____

Business Name: _____

Address: _____

Phone Number(s): _____

1. What is the existing use of the property?

2. What is the size of the property?

3. What is the nature of the proposed business?

4. Will products be produced by the business? YES NO
Will they be produced on site or at some other location?

5. What are the proposed hours of operation?

Months (if seasonal): _____

Days per week: M T W TH F SA SU Hours: _____

Total hours per day: _____

6. Will there be employees? YES NO

If so, how many? Full-Time: _____ Part-Time: _____

Will there be a staff member present during all hours of operation? YES NO

If not, please explain:

7. What equipment, materials, or supplies will be used and how will they be stored?

8. Estimate the number of vehicle trips per day that will be generated by the proposed business.

	Trips Per Day
Customer Traffic	
Service Vehicle (UPS/Delivery, etc.)	

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature

Date

OFFICIAL USE ONLY

THE FOLLOWING DEPARTMENTS/AGENCIES HAVE BEEN NOTIFIED OF THE APPLICANTS INTENTION TO CONDUCT BUSINESS AT THE STATED ADDRESS. THE FOLLOWING MUST BE COMPLETED PRIOR TO ISSUING A BUSINESS LICENSE.

PLANNING DEPARTMENT:

ZONE: _____ **USE PERMITTED** **USE NOT PERMITTED**
 Use requires **PRIOR** approval of Filer City Council

P & Z Administrator Vera Pedrow

Date

FIRE DEPARTMENT:

The business, site and fire related building issues described in this application have been

inspected and conform to Fire Regulations:

YES NO

Conditions:

BUILDING DEPARTMENT:

- The building(s) do not include tenant improvements.
- All tenant improvements have been permitted, inspected and conform to building, electrical, plumbing, gas and applicable building code requirements.

Title	Signature	Date
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CODE ENFORCEMENT:

- The above comments, Municipal and applicable State and Federal Codes have been investigated and meets all requirements. License is Approved.
- Code violations and/or department/agency approvals are outstanding and the license is Denied.

The following conditions of approval/or reasons for denial are as follows:

Title	Signature	Date
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Fee: \$25.00 Check # _____ Cash Card

City Clerk Emily Daubner	Date
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