



# CITY OF LEWISTON BUSINESS LICENSE APPLICATION

Check Type of License You Are Applying For:

**General Business License**  
 Commercial Location  
 No Physical Location  
 **Home-based Business License**  
 Residential Location

Incomplete applications will be rejected.

<b>1</b>	<input type="checkbox"/> <b>New Business</b>	<input type="checkbox"/> <b>Ownership Change</b>	<input type="checkbox"/> <b>Location Change</b>	<input type="checkbox"/> <b>Business Name Change</b>	<input type="checkbox"/> <b>Change in Corporate Officers</b>	<input type="checkbox"/> <b>Change in Mailing Address</b>	<input type="checkbox"/> <b>Other</b> _____
<b>2</b>	<b>Business Entity Type:</b>	<input type="checkbox"/> <b>Sole Proprietor</b>	<input type="checkbox"/> <b>Partnership</b>	<input type="checkbox"/> <b>Limited Liability Company</b>	<input type="checkbox"/> <b>Corporation</b>	<input type="checkbox"/> <b>Association</b>	<input type="checkbox"/> <b>Other</b> _____
<b>3</b>	<b>Idaho Name (DBA):</b> _____				<b>Business Telephone</b> ( ) ( )		<b>Business Fax</b> ( ) ( )
<b>4</b>	<b>Business Mailing Address:</b> Street Number, Direction (N, S, E, W) and Name Suite, Unit, Apt # City, State, Zip Code				<b>Business E-mail Address:</b> _____		
<b>5</b>	<b>Corporate/Entity Name:</b> (If different from DBA) _____				<b>State of Incorporation or Formation</b>		<b>6</b> <b>Federal Tax Identification Number</b>
<b>7</b>	<b>Corporate/Entity Address:</b> Street Number, Direction (N, S, E, W) and Name Suite, Unit, Apt # City, State, Zip Code						<b>Corporate/Entity Telephone</b> ( ) ( )
<b>8</b>	<b>Lewiston Business Location:</b> Street Number, Direction (N, S, E, W) and Name Suite, Unit, Apt # (If a physical location does not apply, write "none")						
<b>9</b>	<b>BUSINESS OWNERSHIP – LIST ALL OWNERS, PARTNERS, CORP. OFFICERS</b> (Attach additional sheet if needed)						
	Last, First, MI:		Res. Address (Street)			Ph: ( ) ( )	
	Title		City, State, Zip				
	Last, First, MI:		Res. Address (Street)			Ph: ( ) ( )	
	Title		City, State, Zip				
	Last, First, MI:		Res. Address (Street)			Ph: ( ) ( )	
	Title		City, State, Zip				
	Responsible Local Contact:		Residence Address:			Ph: ( ) ( )	
<b>10</b>	<b>PLEASE CHECK ALL THAT APPLY TO YOUR BUSINESS</b>						
	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Finance/Insurance	<input type="checkbox"/> Domestic	<input type="checkbox"/> Telephone Solicitation	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Retail Sales-New	<input type="checkbox"/> Personal Service
	<input type="checkbox"/> Retail Sales-Used	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Child Care/Preschool	<input type="checkbox"/> Health Care/Social Services	<input type="checkbox"/> Food Services	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Real Estate
	<input type="checkbox"/> Delivery	<input type="checkbox"/> Rental/Leasing	<input type="checkbox"/> Repair--Automotive	<input type="checkbox"/> Taxicab	<input type="checkbox"/> Utilities	<input type="checkbox"/> Information (media)	<input type="checkbox"/> Repair--Other
	<input type="checkbox"/> Accommodation	<input type="checkbox"/> Professional/Technical	<input type="checkbox"/> Educational Services	<input type="checkbox"/> Christmas Tree Sales	<input type="checkbox"/> Transportation	<input type="checkbox"/> Construction--Idaho Reg. No.: _____	<input type="checkbox"/> Solicitation Door-to-Door
	<input type="checkbox"/> Pending	<input type="checkbox"/> Outside Dining	<input type="checkbox"/> Arts/Entertainment	<input type="checkbox"/> Security/Armored Car	<input type="checkbox"/> Warehousing	<input type="checkbox"/> Exempt	<input type="checkbox"/> Tree Pruner
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Recreation	<input type="checkbox"/> Hazardous Material	<input type="checkbox"/> Temporary Vendor	<input type="checkbox"/> Adult Material		<input type="checkbox"/> Fireworks Stand
<b>11</b>	<b>Describe in Detail the Nature of Your Business in Lewiston. Include Product Sold, Labor Performed and/or Services Rendered.</b>						
<b>12</b>	<b>Number of Employees:</b> _____	<b>LICENSE AND FEES:</b> Refer to Business & Occupation Fee Schedule to determine fees. Real Estate and cosmetology			<b>Business License Fee</b> \$ _____		
<b>13</b>	establishments must also count independent agents or persons working under the licensed broker or salon to eliminate need for separate licenses. Businesses without a physical business location, count only number of employees working in Lewiston.				<b>Fee - Other</b> \$ _____		
					<b>Inspection Fee</b> \$ _____		
					<b>Total Due</b> \$ _____		
<b>14</b>	<b>Acknowledge Term and License Renewal:</b>  <b>Initial here:</b> _____	<b>LICENSE TERM AND ANNUAL RENEWAL:</b> The license term is twelve (12) months from the date of license issuance unless otherwise stated on the face of the license. A notice of invoice will be sent prior to the expiration date on the face of the license. It shall be the responsibility of the licensee to renew the license annually, within forty-five (45) days of the expiration date, whether or not a notice of invoice was received.					
<b>15</b>	I CERTIFY THE INFORMATION IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. <b>**Signatures must be that of a responsible party.</b> <b>Legal signatures include: sole proprietor-owner, corporate officer, partner, managing member or agent.</b>						
	<b>**Signature</b>			<b>Print Name and Title</b>		<b>Date</b>	
	<b>**Signature</b>			<b>Print Name and Title</b>		<b>Date</b>	