



For Staff Use Date Received: Payment Received:
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**APPLICATION FOR BUSINESS LICENSE & LOCAL OPTION SALES
TAX PERMIT**

Thank you for choosing to do business in Victor, Idaho! All entities conducting business within Victor city limits are required to have a business license and sales tax permit.

Instructions: Please submit the completed and signed application, along with additional required documentation and payment, to the City Clerk’s office, PO Box 122, Victor ID 83455 or drop it off at Victor City Hall at 32 Elm Street. Businesses with multiple locations must submit one application per location and receive one license per location. Once a complete application is received, it will be processed within 14 business days unless additional inspections are required. Please note that incomplete or incorrect applications may result in a delay or refusal of issuance of the license. The business license must be renewed annually.

Any questions? Please call the clerk’s department at 208-787-2940 or email michelles@victorcityidaho.com.

GENERAL INFORMATION		
Type of Application (New Business, Renewal, New Location/Owner, Remodel, Other):		
Business Legal Name:		
Trade Name (doing business as):		
Property Address:		
City:	State:	Zip Code:
Mailing Address:		
City:	State:	Zip Code:
Idaho State Sales Tax ID No:		
Type of Business (Sole Proprietor, Corp, LLC, Partnership, Other):		
Describe in Detail Nature of Business (manufacturing, wholesale, retail, services, short term lodging, etc....) & the Principal Product(s) or Service(s) Rendered:		
Will Business Prepare or Cook Food? (Yes/No) Please describe.		
Will Beer, Wine, or Liquor Sales Occur? (Yes/No) Please describe.		
Total Square Footage of Space:		
Will the Space be Remodeled or Expanded: Yes/No		
Anticipated Opening Date:	Operating Hours:	
Number of Employees on Payroll:	Full Time:	Part Time:
CONTACT INFORMATION		
Name of Member(s), Partner(s), Officers(s)/Applicant (Please complete for each member):		
Emergency Phone:	Email:	
Mailing Address:		
City:	State:	Zip Code:

Applicants Driver's License No:		State:
Property Owner (if different from applicant):		
Emergency Phone:	Email:	
Mailing Address:		
City:	State:	Zip Code:
Fees		
Please submit payment in the amount of \$100 for the initial application which is for a one year term expiring December 31st each year. The first year may be pro-rated. Thereafter, the annual renewal fee is \$50.		
Additional Required Documentation		
Please attach the following documentation depending on the nature of your business:		
o Copies of any state occupational licenses or permits		
o Tax ID permits- Must be filed with that state and certificate must be submitted		
o Basic site map showing drop off/ delivery (if applicable), parking provided by the applicant, location of enclosed dumpster, and any other accommodations as required for the site.		
o Health District 7 permits and licenses		

I hereby acknowledge that I have completed this application accurately and understand that all information is subject to verification. I understand that approval of this application does not imply that any additional reviews, authorizations, or permits have been granted by the City of Victor and that additional reviews, authorizations, permits, and approvals may be required. I further attest that I will operate the business in compliance with all federal, state, and local laws.

Signature of applicant _____ Date _____

Municipal Sales Tax: A municipal sales tax of one-half percent (1/2%) on all sales within the City of Victor, Idaho that are subject to taxation as set forth in City of Victor Municipal Code and Idaho Code 63-3601 including subsequent amendments thereto. I acknowledge and understand that I am required to remit the above municipal tax using the same schedule as required for remittance of taxes to the Idaho State Tax Commission. Taxes will be remitted on forms provided by the City for each calendar month ____ or each Calendar quarter ____ on or before the 20th day of the succeeding month to the City Clerk's Office, PO Box 122, Victor ID, 83455. I further acknowledge and understand that I am required to submit a copy of the Idaho State Sales Tax return for the month/quarter at the same time said taxes are paid to the City Clerk.

Signature of applicant _____ Date _____

APPROVAL CHECKLIST - OFFICE USE ONLY		
Zoning District _____	Zone Confirmed by _____	Date _____
Building Dept. _____	Planning Dept. _____	Fire Dept. _____
Public works _____		
Business License No. _____	Local Option Sales Tax Permit No. _____	IworQ No. _____
Additional Inspections: _____		
Approved: Yes ____ No ____ W/Conditions (Please Attach) _____		