



Date: _____

License No. _____

Application No. _____

IWORQ No. _____

APPLICATION FOR BUSINESS LICENSE

No Person or business shall engage in, prosecute or carry on a Permanent or Temporary business or vocation within the City until such license shall be obtained.

Please read all instructions on both pages before completing this application and PRINT CLEARLY. Call the Planning Office for a conceptual planning meeting.

GENERAL INFORMATION

APPLICATION PURPOSE New Business Renewal New Location New Owner
 Remodel Temporary Business Other Change

LEGAL NAME OF BUSINESS _____

TRADE NAME (doing business as) _____

Tax ID # _____

TYPE OF BUSINESS: Sole Proprietor Corp LLC Partnership Other

APPLICANTS DRIVERS LICENSE NO: _____ STATE _____

NATURE OF THE BUSINESS (Check all that applies)

Manufacturing Wholesale Retail Services Food Services
 Professional Contractor/Trade Rental Beer Wine
 Fireworks Home Occupation Towing & Boating Peddler
 Use of City Sewer Public Transportation Solicitor, or seasonal
 Chemical storage

Will this business do any type of food preparation? Yes No

Will there be any cooking on site? Yes No

What type of food preparation will be done? _____

DESCRIBE IN DETAIL THE PRINCIPAL PRODUCT(S) OR SERVICE(S) RENDERED: _____

- Attach a map showing a basic layout of the property providing parking sites, dumpster location, delivery access.

Business Physical Address: Street & No: _____

Business Mailing Address _____

Business Phone No: _____ Cell No: _____

Email Address _____ Idaho Sales Tax _____

Emergency Phone No: _____

License will be delayed if the application is incomplete.

Note: You must have a separate business license for each additional location at which you are conducting business.

CONTACT INFORMATION	
NAME OF OWNER/APPLICANT _____	PHONE _____
ADDRESS _____	EMAIL _____
PROPERTY OWNER (if different from applicant) _____	
ADDRESS _____	PHONE _____

Please attach the needed documentation depending on the nature of your business.

- Health District 7 permits and licenses
- Completed Municipal Non Tax form
- Copies of any State occupational licenses or permits
- Tax ID permits
- Basic site map showing drop off/ delivery (if applicable), parking provided by the applicant (when required), location of enclosed dumpster, and any other accommodations as required for the site.
- Fees

Important: Incomplete or incorrect applications may result in a delay or refusal of issuance of the License. Except where otherwise provided, the license year/term shall run from the date issued to the same date the following year. The license must be renewed and the application fees paid yearly.

AS APPLICANT, I _____, DECLARE UNDER PENALTY OF PERJURY UNDER IDAHO STATE LAW THAT ALL INFORMATION GIVEN IS TRUE AND CORRECT, AND I UNDERSTAND THAT ALL INFORMATION GIVEN IS SUBJECT TO VERIFICATION.

Signature of applicant _____ Date _____

- Please attach any applicable supporting information (see general information above), and enclose a check for the applicable fees payable to the City of Victor.

APPROVAL CHECKLIST -OFFICE USE ONLY	
Zoning District _____	Zone confirmed by _____ Date _____
Building Dept. _____	Planning Dept. _____ Fire Dept. _____ Public works _____
Application No. _____	License No. _____
IWORQ permit No. _____	
Fee (\$100) _____	
Additional Inspection (\$45) _____	Approved Yes ____ No ____
	W/Conditions ____

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