



# CITY OF LEWISTON BUSINESS LICENSE APPLICATION

Please select one:  New Business  Business Ownership Change  Business Name Change  Business Location Change

Business Location: \_\_\_\_\_  
Street Address City, State, ZIP Code

This is a:  Commercial location  Residence  Business located outside of the City of Lewiston

**Commercial location:** Please complete and attach the Local Emergency Services Information sheet and a site/floor plan.

**Residence:** Please complete and attach the Home Occupation Addendum and a site/floor plan.

## Business Information

Business Name (DBA): \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_  
Street Address City, State, ZIP Code

Business Email: \_\_\_\_\_ Business Phone: \_\_\_\_\_

## Business Entity Information

Business Entity Type:  Sole Proprietor  Partnership  LLC  PLLC  Corporation EIN: \_\_\_\_\_  
Do not use Social Security Number

Complete if different from above information:

Business Entity Name: \_\_\_\_\_ Business Entity Phone: \_\_\_\_\_

Business Entity Address: \_\_\_\_\_  
Street Address City, State, ZIP Code

## Business Ownership Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Local Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of employees including yourself: \_\_\_\_\_

Business License Fee Due: \_\_\_\_\_

Refer to below fee schedule to determine amount due.

New businesses located within the City of Lewiston pay \$1.00

### BUSINESS LICENSE FEE SCHEDULE EFFECTIVE OCTOBER 1, 2020

0-5 Employees	\$90.00	13 Employees	\$222.00
6 Employees	\$104.00	14 Employees	\$242.00
7 Employees	\$123.00	15 Employees	\$258.00
8 Employees	\$137.00	16 Employees	\$273.00
9 Employees	\$157.00	17 Employees	\$293.00
10 Employees	\$172.00	18 Employees	\$306.00
11 Employees	\$188.00	19 Employees	\$323.00
12 Employees	\$206.00	20+ Employees	\$342.00

### OFFICE USE ONLY

BUSINESS LICENSING \_\_\_\_\_

BUILDING/ZONING \_\_\_\_\_

PRETREATMENT \_\_\_\_\_

FIRE DEPARTMENT \_\_\_\_\_

CASH CREDIT CHECK \_\_\_\_\_

**Describe in detail the nature of your business including products sold, labor performed and/or services rendered.**

**If you are required to obtain a professional or occupational license through a State of Idaho regulatory board for your profession, please provide that license number and expiration:** \_\_\_\_\_

Example: Contractors, architects, cosmetologists, physicians, etc. are all required to maintain licensure through their respective State of Idaho regulatory boards. Please note that the issuance of a business license may be postponed until the applicant has obtained their required professional or occupational license.

**We announce new Lewiston businesses on our website and/or social media. Would you like us to include the name of your business in these announcements?**      Yes      No

### LICENSE TERM, ANNUAL RENEWAL AND ACKNOWLEDGEMENT

Please allow at least 10 business days for the processing and issuance of your license. Licenses will be sent to the mailing address provided on the application unless otherwise requested.

I understand that the submittal of this application and fee does not entitle the applicant to engage in the business applied for until such application is approved and the business license is issued.

The license term is twelve (12) months from the date of license issuance unless otherwise stated on the face of the license. A renewal invoice will be sent at least 30 days prior to expiration of the license. It shall be the responsibility of the licensee to renew the license annually, within 30 days of the expiration date, whether or not a renewal notice was received.

I certify that the information given on this application is true, correct and complete to the best of my knowledge.

*Signatures must be that of a responsible party, including sole proprietor-owner, corporate officer, partner, managing member or agent.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Please return application and remit payment to:

City of Lewiston  
Attn: Business Licensing  
PO Box 617  
Lewiston, ID 83501

If you have questions about business licensing, call (208) 746-1318.

## LOCAL EMERGENCY SERVICES CONTACT INFORMATION

This addendum is required for all commercial businesses **located within the corporate city limits of Lewiston** and must accompany your application for a business license. In the event of an emergency at your business premises during non-business hours, provide **LOCAL** emergency contact information of responsible parties of the business, and contact information for the building owner and/or property manager to the Police and Fire Departments.

Persons listed below **must have keys or access to the building** and who may be contacted by Police or Fire Emergency Services. Submit with application to: City of Lewiston, Business Licensing, 215 D St or PO Box 617, Lewiston ID 83501.

Questions may be directed to Business Licensing at (208) 746-7363.

**Business Name** \_\_\_\_\_

**Physical Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Is there a security alarm at this location?**       **YES**       **NO**

### PRIMARY LOCAL CONTACT

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Title** \_\_\_\_\_

### SECONDARY LOCAL CONTACT

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Title** \_\_\_\_\_

### BUILDING OWNER CONTACT

**Name** \_\_\_\_\_

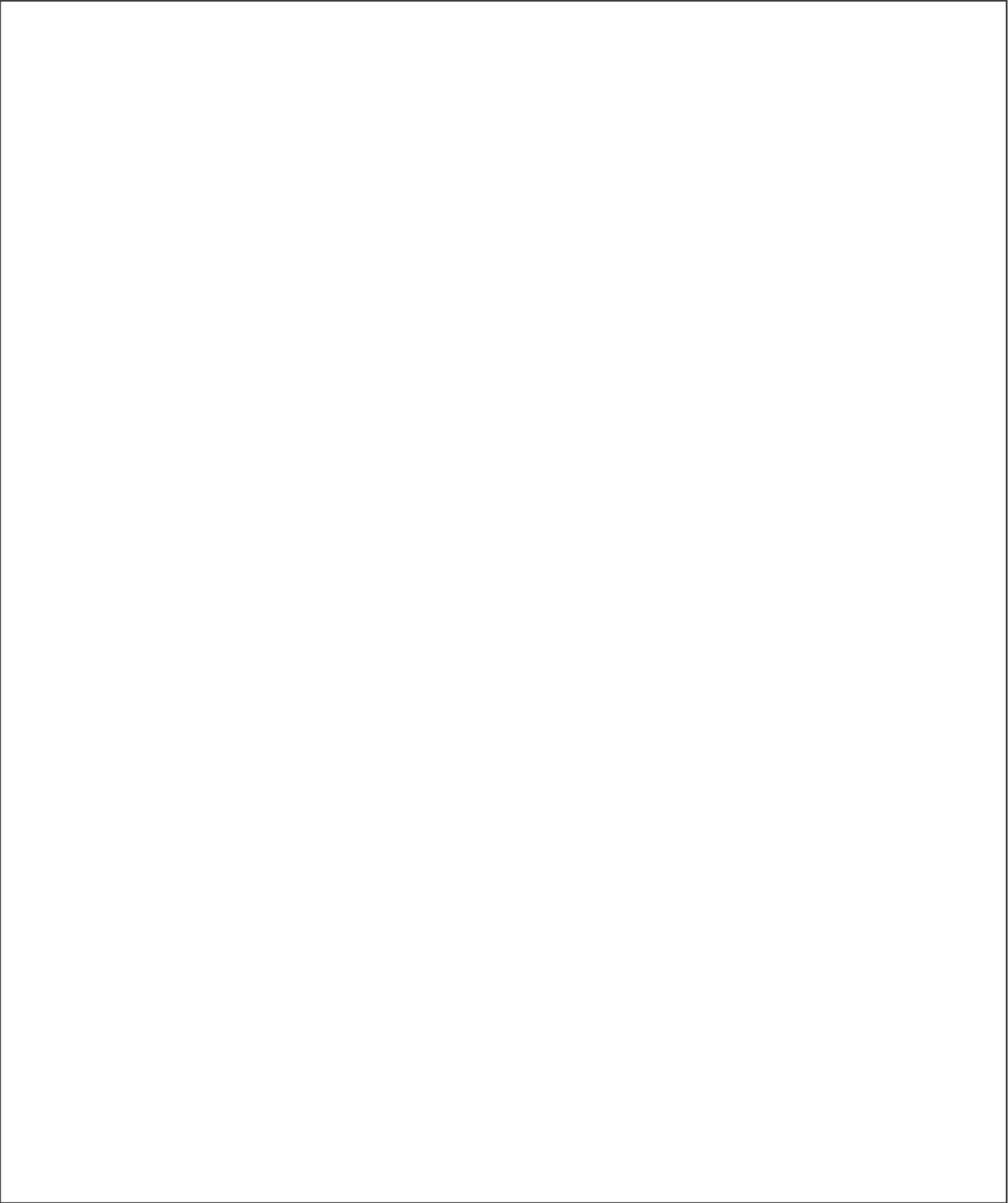
**Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Title** \_\_\_\_\_

**COMMERCIAL FLOOR/SITE PLAN**

- 1. Identify how you will use the space within the business premises. Label all areas.
- 2. Show dimensions of rooms, stairways, exit/entrance locations.
- 3. Show customer and employee parking.
- 4. Show location of all fire extinguishers and smoke detectors.

A large, empty rectangular box with a thin black border, intended for drawing a commercial floor or site plan. The box is currently blank, providing space for the student to create a detailed diagram of a business premises, including room layouts, dimensions, parking areas, and safety equipment locations as specified in the instructions above.