



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.