



CITY OF LEWISTON BUSINESS LICENSE APPLICATION

Check Type of License:
<input type="checkbox"/> General Business License Commercial Location No Physical Location <input type="checkbox"/> Home-based Business License

Incomplete applications will be rejected.

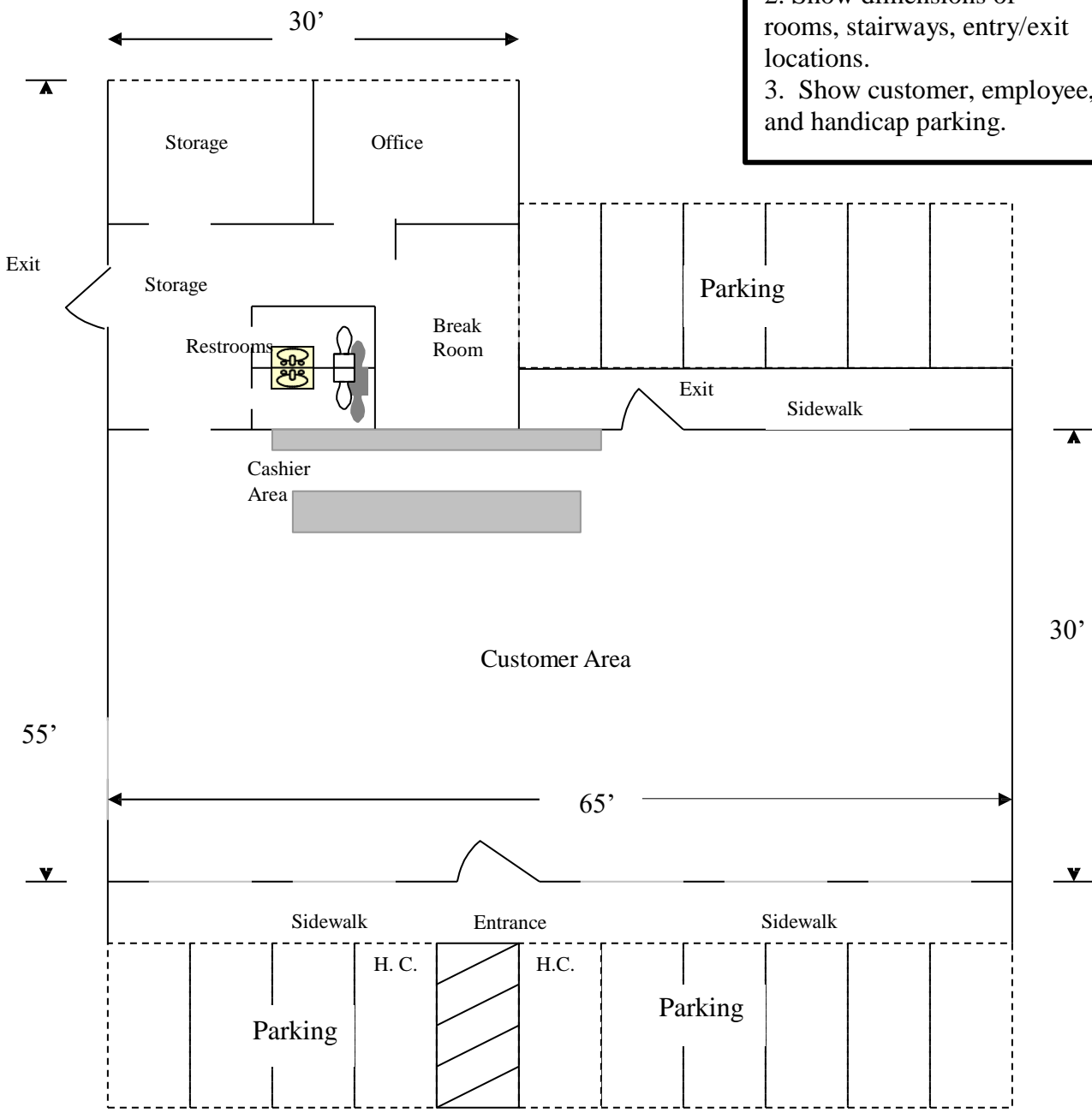
1	New Business	Ownership Change	Location Change	Business Name Change	Change in Corporate Officers	Change in Mailing Address	Other	
2	Business Entity Type:	Sole Proprietor	Partnership	Limited Liability Company	Corporation	Association	Other	
3	Idaho Name (DBA):				Business Telephone ()		Business Fax ()	
4	Business Mailing Address: <small>Street Number, Direction (N, S, E, W) and Name Suite, Unit, Apt # City, State, Zip Code</small>				Business E-mail Address:			
5	Corporate/Entity Name: <small>(If different from DBA)</small>			State of Incorporation or Formation		6 Federal Tax Identification Number		
7	Corporate/Entity Address: <small>Street Number, Direction (N, S, E, W) and Name Suite, Unit, Apt # City, State, Zip Code</small>					Corporate/Entity Telephone ()		
8	Lewiston Business Location: <small>Street Number, Direction (N, S, E, W) and Name Suite, Unit, Apt # (if a physical location does not apply, write "none")</small>							
BUSINESS OWNERSHIP – LIST ALL OWNERS, PARTNERS, CORP. OFFICERS (Attach additional sheet if needed)								
9	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: ()		
PLEASE CHECK ALL THAT APPLY TO YOUR BUSINESS								
10	Wholesale		Finance/Insurance		Beer Garden		Telephone Solicitation	
	Retail Sales-New		Personal Service		Child Care/Preschool		Health Care/Social Services	
Retail Sales-Used		Real Estate		Repair--Automotive		Taxicab		
Manufacturing		Rental/Leasing		Repair--Other		Christmas Tree Sales		
Delivery		Professional/Technical		Educational Services		Solicitation Door-to-Door		
Information (media)		Outside Eating/Drinking		Arts/Entertainment		Security/Armored Car		
Accommodation		Recreation		Hazardous Material		Temporary Vendor		
Construction--Idaho Reg. No.: _____		Pending _____		Expiration _____		Exempt		
Other _____						Fireworks Stand		
11	Describe in Detail the Nature of Your Business in Lewiston. Include Product Sold, Labor Performed and/or Services Rendered.							
12	Number of Employees: _____	LICENSE AND FEES: Refer to Business & Occupation Fee Schedule to determine fees. Real Estate and cosmetology				Business License Fee \$ _____		
13	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.					Fee - Other \$ _____		
						Inspection Fee \$ _____		
						Total Due \$ _____		
14	Acknowledge Term and License Renewal: Initial here: _____	LICENSE TERM AND ANNUAL RENEWAL: 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.						
15	I CERTIFY THE INFORMATION IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. **Signatures must be that of a responsible party. Legal signatures include: sole proprietor-owner, corporate officer, partner, managing member or agent.							
	**Signature			Print Name and Title			Date	
	**Signature			Print Name and Title			Date	

DRAW YOUR FLOOR/SITE PLAN HERE – SAMPLE ATTACHED

Sample Plan

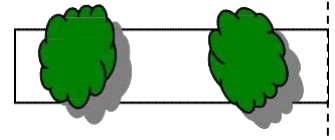
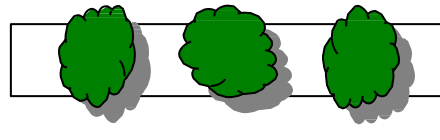
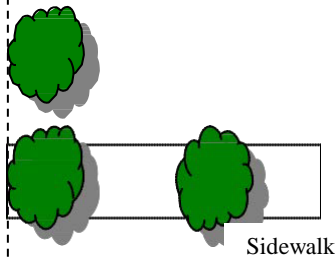
1. Identify how you will use the space within business premises. Label all areas.
2. Show dimensions of rooms, stairways, entry/exit locations.
3. Show customer, employee, and handicap parking.

Dumpster



Property Address: 1234 City Street

N
Not to Scale



City Street



CITY OF LEWISTON LOCAL EMERGENCY SERVICES INFORMATION

This addendum is required for all commercial businesses **located within the corporate city limits of Lewiston** accompany your application for a business license. In the event of an emergency at your business and must 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 Depts. 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 and attachments 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.

This addendum is for the Business and Address Of:	Business Name:	Business Telephone ()	
	Lewiston Location:	Is there a Security or Alarm System at this location? Yes No	
LOCAL EMERGENCY CONTACT INFORMATION			
PRIMARY LOCAL CONTACT			
Responsible Name:	Res. Address:	Res. Tele. ()	
Title	City, State, Zip	Cell. Tele: ()	
SECONDARY LOCAL CONTACT			
Responsible Name:	Res. Address:	Res. Tele. ()	
Title	City, State, Zip	Cell. Tele: ()	
THIRD LOCAL CONTACT			
Responsible Name:	Res. Address:	Res. Tele. ()	
Title	City, State, Zip	Cell. Tele: ()	
BUILDING OWNER CONTACT			
Responsible Name:	Res. Address:	Res. Tele. ()	
Title	City, State, Zip	Cell. Tele: ()	
IMPORTANT: Any changes in the above information should be forwarded to the Lewiston Police Department, 1224 "F" St, PO Box 617, Lewiston ID 83501. Bus. Tele: (208) 746-0171			