



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 limits of Lewiston pay ONLY \$1.00

BUSINESS LICENSE FEE SCHEDULE EFFECTIVE OCTOBER 1, 2021

0-5 Employees	\$92.00	13 Employees	\$227.00
6 Employees	\$106.00	14 Employees	\$247.00
7 Employees	\$126.00	15 Employees	\$264.00
8 Employees	\$140.00	16 Employees	\$279.00
9 Employees	\$160.00	17 Employees	\$299.00
10 Employees	\$176.00	18 Employees	\$313.00
11 Employees	\$192.00	19 Employees	\$330.00
12 Employees	\$211.00	20+ Employees	\$350.00

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.

BUSINESS LICENSE APPLICATION – HOME OCCUPATION ADDENDUM

This addendum is required for all home-based businesses located within the corporate city limits of Lewiston. It must accompany your application for a business license. Submit application and attachments to: City of Lewiston, Business Licensing, 215 D St or PO Box 617, Lewiston ID 83501.

1. What is the total number of persons who will be engaged in this business, including yourself? _____

2. How many of these persons engaged in your business DO NOT live at your home? _____

3. Do you own, rent or lease your residence? _____

If you do not own your residence, you are advised to contact the legal property owner or landlord for permission to operate a business from this location prior to submitting application for license. Acknowledge by initialing here _____

4. Is there any other business operating from this residence? Yes No

If yes, what is the name of this business? _____

5. Does your residence have an address plainly visible from the street? Yes No

Lewiston Fire Department requirements: Color of house numbers or letters must be of a contrasting color to the background of the house and at least 4 inches in height and visible from the street for emergency services.

6. Will you have more than one person reporting to your home to receive work assignments, materials or payroll? Yes No

If yes, how many and explain reason: _____

7. Will you use any building on your property that is not physically attached to your home for business use? Yes No

If yes, explain: _____

8. Will you manufacture, assemble, display or sell products at your residence? Yes No

If yes, explain: _____

9. Will you invite customers, clients or the general public to enter your residence for business purposes? Yes No

If yes, explain: _____

10. Will you conduct business activities outside your home in the yard, carport, patio etc? Yes No

If yes, explain: _____

11. Will you display a business sign or signs at your home or on your vehicle? Yes No

If yes, describe size and location (must not exceed 1.5 sq ft): _____

12. Will your business create additional traffic in your neighborhood? Yes No

If yes, explain: _____

13. Will there be outside evidence of your business such as storage of commercial vehicles or equipment, stored materials, activities that create odor or dust etc.? Yes No

If yes, explain: _____

14. At your home, will your business operation generate, discharge or produce a wastewater stream of any kind, or need to dispose of any wastewater other than from a bathroom? Yes No

If yes, explain: _____

15. At your home, will there be any floor drains, trench drains, grease traps/interceptors, oil water separators or mop sinks? Yes No

If yes, explain: _____

16. Will your business produce, use, process or store chemicals for commercial or industrial use, including but not limited to, cleaners, solvents, pesticides, fungicides, herbicides, etc? Yes No

If yes, explain: _____

17. How much space inside your home will you use for business i.e. office, computer work area, record storage, work space, telephone, etc? _____ SQ FT

18. If using another building on your property, how much space inside this building will you use for business i.e. equipment storage, work space, etc.? _____ SQ FT

19. What is the overall total square footage of living area in your home? Include all levels. _____ SQ FT

RESIDENTIAL FLOOR/SITE PLAN

- 1. Draw the level of your residence where business activity will be conducted (main, basement, 2nd story).
- 2. Label rooms, dimensions, stairways, entry/exit locations.
- 3. Identify all areas inside and outside of residence to be used for business activities (office, work areas, parking of business vehicles, equipment, customer parking, etc.)

A large, empty rectangular box with a thin black border, intended for the student to draw their residential floor or site plan. The box occupies most of the lower two-thirds of the page.