



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>(If a physical location does not apply, write "none")</small> <small>Street Number, Direction (N, S, E, W) and Name Suite, Unit, Apt #</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	Domestics	Telephone Solicitation	Alcohol		
	Retail Sales-New	Personal Service	Child Care/Preschool	Health Care/Social Services	Food Services		
	Retail Sales-Used	Real Estate	Repair--Automotive	Taxicab	Utilities		
	Manufacturing	Rental/Leasing	Repair--Other	Christmas Tree Sales	Transportation		
	Delivery	Professional/Technical	Educational Services	Solicitation Door-to-Door	Warehousing		
	Information (media)	Outside Dining	Arts/Entertainment	Security/Armored Car	Tree Pruner		
	Accommodation	Recreation	Hazardous Material	Temporary Vendor	Adult Material		
	Construction--Idaho Reg. No.:	Pending	Exempt	Fireworks Stand	Other		
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

