City of Ammon
GENERAL BUSINESS LICENSE
Permit Application
2135 S. Ammon Road, Ammon, ID 83406
PH. (208)612-4000 FAX (208)612-4009
Website - www.ci.ammon.id.us

BUSINESS INFORMATION

BUSINESS NAME:_____(as it appears on State ID Number)

EIN or Social Security Number:_____   Sales Tax ID #_____

Nature of Business_____   State ID #_____

Physical Address:_____

Mailing Address:_____

Phone:_____Mobile:_____Fax:_____

Contact Name:_____   email:_____

Type of Business Entity: Individual_____Partnership_____Corporation_____Website _____

APPLICATION REQUIREMENTS

Has applicant ever had a license to conduct the business herein described denied or revoked?_____
       If yes please explain_____

Has the applicant (including all partners and/or officers) ever been convicted of a felony?_____
       If yes please explain_____

Does business have an alarm system?_____
       If yes name of alarm company   _____
       Phone Number_____

Does this business sell fireworks?_____

Name of Development or Subdivision That Business Is A Part Of:_____

*If First Application There Must Be A Parking Requirement Form And A Copy Of The Floor Plan Completed And Submitted With This Application.

BY SIGNING BELOW THE APPLICANT AFFIRMS THAT: The above is a true and correct statement of the nature, place, ownership and management of the business for which this appliacation is made and of the qualifications and disqualifications of the Applicant and Business.

       Signature of Applicant:_____ Date_____

PARKING CALCULATION FORM MUST BE SUBMITTED FOR ALL NEW BUSINESS LICENSE APPLICATIONS

Business Use (type of business):

Current Zone:

Estimated number of employees:_____ (on largest shift)

Attached floor plan of business.(must include floor layout showing storage/office areas)

OFFICE USE ONLY

*Number of Parking Spaces Required:_____Number of Parking Spaces Provided:_____Zoning_____

*Calculations from the Parking Requirement Form. Numer of employees on largest shift._____