



2135 S Ammon Road, Ammon, ID 83406
 Phone: (208)612-4000 Fax: (208)612-4009
 www.cityofammon.us

GENERAL BUSINESS LICENSE APPLICATION

FOR OFFICE USE ONLY:

Permit #: _____

Clerk: _____ Date: _____

Building: _____ Date: _____

Fire: _____ Date: _____

Planning: _____ Date: _____

Public Works: _____ Date: _____

BUSINESS INFORMATION

Name of Business: _____ (as it appears on State ID Number)

Street Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Business Phone: _____ **Fax:** _____ **Email:** _____

Type of Business Entity: Individual: _____ Partnership: _____ Corporation: _____

Sales Tax ID: _____ **EIN or Social Security Number:** _____ **State ID:** _____

OWNER INFORMATION

Owner Name: _____ **Phone:** _____ **Email:** _____

Street Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

APPLICATION REQUIREMENTS

Has applicant ever had a license to conduct the business herein described denied or revoked? **YES NO**
 If yes, please explain: _____

Has the applicant (including all partners or officers) ever been convicted of a felony? **YES NO**
 If yes, please explain: _____

Does the business have an alarm system? **YES NO**
 If yes, what company? _____ Phone: _____

Does this business sell fireworks? **YES NO**

Does this business have more than one (1) operation within the city limits? **YES NO**
 If yes, each business is required to be licensed separately.

Has the applicant (including all the partners and/or officers) or employees listed above ever been convicted of a felony? **YES NO**
 If yes, please explain: _____

Have you paid any fine, been placed on probation, received a deferred sentence, received a withheld judgment or completed any sentence of confinement for any felony within five (5) years prior to the date of this application? **YES NO**
 If yes, please explain: _____

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 application is made and of the qualifications and disqualifications of the applicant and business.
BY SIGNING BELOW, THE APPLICANT AGREES: To pay the General Business License fee of one hundred and twenty-five dollars (\$125.00) plus any other applicable fees.

Signature of Applicant: _____ **Date:** _____

ADDITIONAL APPLICATION INFORMATION

ITINERANT BUSINESS ONLY

Please list items being sold: _____

Please list names of individual, partners, or officers of a corporation below:

NAME:

ADDRESS:

_____	_____
_____	_____
_____	_____

MOBILE VENDOR ONLY

Number of vehicles being used: _____

Please list the state and license plate number of each vehicle being used.

PARKING CALCULATION

Business Type: _____

Current Zone: _____

Estimated Number of Employees (on largest shift): _____

OTHER ITEMS TO INCLUDE

- COMPLETED ERU SURVEY
- FLOORPLAN OF BUSINESS

OFFICE USE ONLY

*Number of parking spaces required: _____ Number of parking spaces provided: _____

ERUs to be Assessed: _____