



2135 S Ammon Road, Ammon, ID 83406  
Phone: (208)612-4000 Fax:  
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# GENERAL BUSINESS LICENSE APPLICATION

<b>FOR OFFICE USE ONLY:</b>	
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

<p>Has the applicant ever had a license to conduct the business herein described denied or revoked? <b>YES NO</b></p> <p>If yes, please explain: _____</p>	<p>Does this business have more than one (1) location within City limits? <b>YES NO</b></p> <p>If yes, each business is required to be licensed separately.</p>
<p>Has the applicant (including all partners or officers) ever been convicted of a felony? <b>YES NO</b></p> <p>If yes, please explain: _____</p>	<p>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? <b>YES NO</b></p> <p>If yes, please explain: _____</p>
<p>Does the business have an alarm system? <b>YES NO</b></p> <p>If yes, what company? _____ Phone: _____</p>	<p>Does this business require a state license? If yes, please attach a copy. <b>YES NO</b></p>
<p>Does this business sell fireworks? <b>YES NO</b></p>	

**BY SIGNING BELOW, THE APPLICANT HEREBY CERTIFIES UNDER PENALTY OF PERJURY THAT:** The above information is true and correct. Information falsely given is subject to criminal prosecution and constitutes a misdemeanor pursuant to Idaho Code 18-5413.

**THE APPLICANT FURTHER AGREES:** To pay the General Business License fee of one hundred and twenty-five dollars (\$125.00) plus any other applicable fees as indicated in Fee Resolution.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ADDITIONAL APPLICATION INFORMATION**

**PARKING CALCULATION**

Business Type: \_\_\_\_\_

Current Zone: \_\_\_\_\_

Estimated Number of Employees (on largest shift): \_\_\_\_\_

**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.  
\_\_\_\_\_

**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: \_\_\_\_\_