



CITY OF LEWISTON BUSINESS LICENSE APPLICATION

Check Type of License: <input type="checkbox"/> General Business License <input type="checkbox"/> Commercial Location <input type="checkbox"/> No Physical Location <input type="checkbox"/> Home-based Business License
--

Incomplete applications will be rejected.

1	<input type="checkbox"/> New Business	<input type="checkbox"/> Ownership Change	<input type="checkbox"/> Location Change	<input type="checkbox"/> Business Name Change	<input type="checkbox"/> Change in Corporate Officers	<input type="checkbox"/> Change in Mailing Address	<input type="checkbox"/> Other _____	
2	Business Entity Type:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Association	<input type="checkbox"/> 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	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Finance/Insurance	<input type="checkbox"/> Domestic	<input type="checkbox"/> Telephone Solicitation	<input type="checkbox"/> Alcohol			
	<input type="checkbox"/> Retail Sales-New	<input type="checkbox"/> Personal Service	<input type="checkbox"/> Child Care/Preschool	<input type="checkbox"/> Health Care/Social Services	<input type="checkbox"/> Food Services			
	<input type="checkbox"/> Retail Sales-Used	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Repair--Automotive	<input type="checkbox"/> Taxicab	<input type="checkbox"/> Utilities			
	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Rental/Leasing	<input type="checkbox"/> Repair--Other	<input type="checkbox"/> Christmas Tree Sales	<input type="checkbox"/> Transportation			
	<input type="checkbox"/> Delivery	<input type="checkbox"/> Professional/Technical	<input type="checkbox"/> Educational Services	<input type="checkbox"/> Solicitation Door-to-Door	<input type="checkbox"/> Warehousing			
	<input type="checkbox"/> Information (media)	<input type="checkbox"/> Outside Dining	<input type="checkbox"/> Arts/Entertainment	<input type="checkbox"/> Security/Armored Car	<input type="checkbox"/> Tree Pruner			
	<input type="checkbox"/> Accommodation	<input type="checkbox"/> Recreation	<input type="checkbox"/> Hazardous Material	<input type="checkbox"/> Temporary Vendor	<input type="checkbox"/> Adult Material			
	<input type="checkbox"/> Construction--Idaho Reg. No.: _____	<input type="checkbox"/> Pending	<input type="checkbox"/> Exempt	<input type="checkbox"/> Fireworks Stand	<input type="checkbox"/> 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	



CITY OF LEWISTON 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 Questions may be directed to Business Licensing at (208) 746-7363 ext. 256.

This Addendum is for the Business & Address of:	Business Name:	Lewiston Location: <small>Street Number, Direction (N, S, E, W) and Name Suite, Unit, Apt #</small>
PLEASE COMPLETE THE FOLLOWING QUESTIONS		
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? Own <input type="checkbox"/> Rent <input type="checkbox"/> Lease <input type="checkbox"/>	Initial Required: If you <u>do not own</u> 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? If yes, please list the name and owner of the business: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5. Does your residence have an address plainly visible from the street? <i>Fire 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.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6. Will you have more than <u>one</u> person reporting to your home to receive work assignments, materials or payroll? If yes, how many and explain reason: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7. Will you use any building on your property that is not physically attached to your home for business use? If, yes, explain: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	
8. Will you manufacture, assemble, display or sell products at your residence? If yes, explain: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9. Will you invite customers, clients or the general public to enter your residence for business purposes? If yes, explain: _____ <i>Note: If yes, a 2A10BC type fire extinguisher (5lb.) is required to be conveniently mounted within your residence and an inspection of your premises will be required.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
10. Will you conduct business activities outside your home in the yard, carport, patio etc? If yes, explain: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	
11. Will you display a business sign or signs at your home or on your vehicle? If yes, describe size (<i>must not exceed 1.5 sq.ft.</i>) and location on your property or vehicle: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	
12. Will your business create additional traffic in your neighborhood? If yes, explain: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	
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.? If yes, describe the type and location _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	
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? If yes, explain: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	
15. At your home, will there be any floor drains, trench drains, grease traps/interceptors, oil water separators or mop sinks? If yes, explain: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	
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? If yes, explain: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	
COMPLETE A FLOOR & SITE PLAN OF YOUR RESIDENCE TO ANSWER THE FOLLOWING QUESTIONS		
17. How much space <u>inside</u> your home will you use <u>for business</u> i.e. office, computer work area, record storage, work space, telephone, etc?	Square feet: _____	
18. If using another building <u>on your property</u> , how much space <u>inside</u> this building will you use <u>for business</u> i.e. equipment storage, work space, etc.?	Square feet: _____	
19. What is the overall total square footage of living area in your home? <u>Include all levels</u>	Square feet: _____	

DRAW YOUR FLOOR/SITE PLAN HERE – SAMPLE ATTACHED

100' Property Line

Residential Floor/Site Plan Drawing

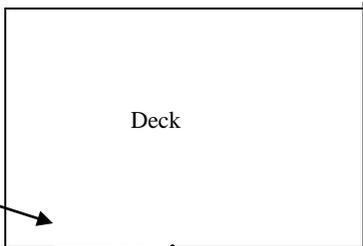
1. Draw the level of your residence where business activity will be conducted (main, basement, 2nd story).
2. Label rooms, dimensions, stairways, entry/exit locations.
3. Identify all areas inside and outside of residence to be used for business activities (office, work areas, parking of business vehicles,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

Sample Plan

Accessory Building (Shop)

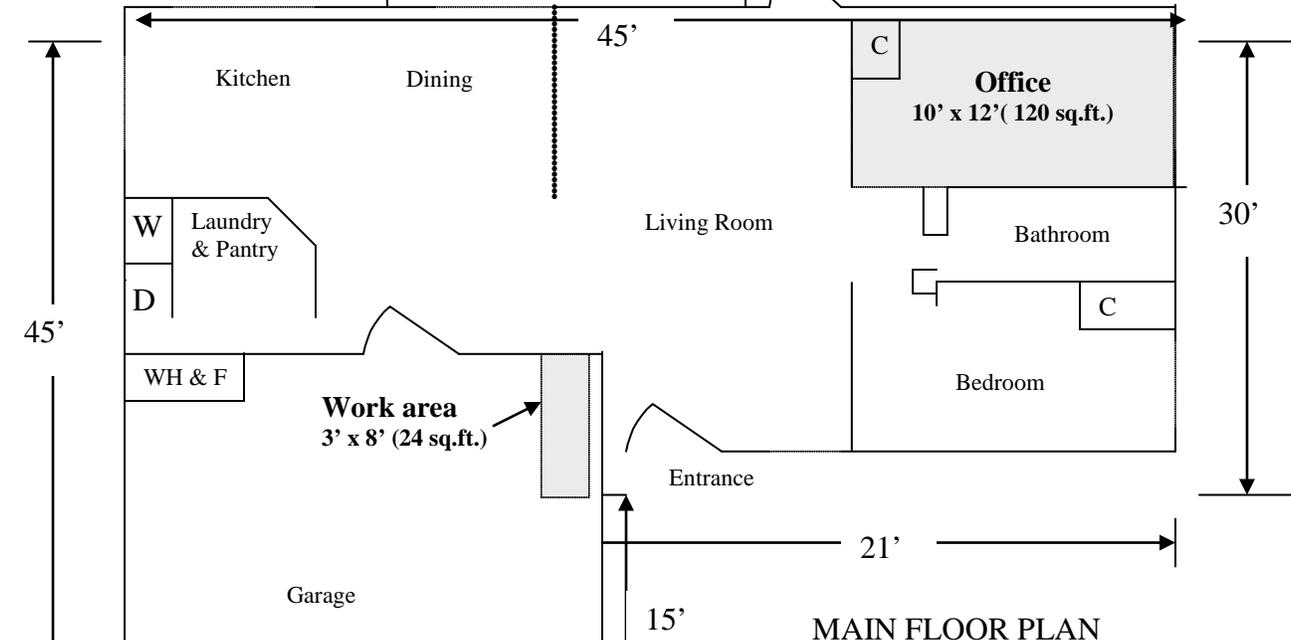
1 business vehicle parking space 9' x 18 1/2' (166 sq.ft.)

1 utility trailer 5' x 9' (45 sq.ft.)



150' Property Line

Property Line



MAIN FLOOR PLAN

Residence/Total 1710 sq. ft.

Office = 120 sq.ft.

Work Area = 24 sq.ft.

Total inside use: 164 sq.ft.

2 parking spaces = 333 sq.ft.

1 trailer parking = 45 sq.ft.

Total outside use: 378 sq.ft.

Gravel Driveway

1 customer parking space 9' x 18 1/2' (166 sq.ft.)

Property Address of: (House Number, Street Name)



Property Line

Not to Scale