Print Form

APP-2.01.0 REV 11-01-09

| Office Use Only-Do Not Write in This Area | Approved | Denied | Date |
|---|---|---|---|
| Building | | | |
| Fire | | | |
| Health | | | |
| Police | | | |
| Pretreat | | | |
| Zoning | | | |

# CITY OF LEWISTON
# BUSINESS LICENSE APPLICATION

| | | | | |
|---|---|---|---|---|
| 1 | **I Am Applying For:** | ☐ **General Business License** Commercial Location Inside City | ☐ **General Business License** Any location Outside City Limits | ☐ **Home-based Business License** Residential Location Inside City Limits |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 2 | ☐ **New Business** | ☐ **Change in Ownership/ Business Entity** | ☐ **Change in Location** | ☐ **Change in Name** | ☐ **Change in Corporate Officers** | ☐ **Change in Mailing Address** | ☐ **Other** |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3 | **Business Entity Type:** | ☐ **Sole Proprietor** | ☐ **Partnership** | ☐ **Limited Liability Company** | ☐ **Corporation** | ☐ **Association** | ☐ **Other** |

| | | | | |
|---|---|---|---|---|
| 4 | **Corporate/Entity Name:** | **Corporate/Entity Telephone** | 5 | **Federal Tax Identification Number** |
| 6 | **Corporate/Entity Address:** Street Number, Direction (N, S, E, W) and Name Suite, Unit, Apt # City, State, Zip Code +4 | | | **State of Incorporation or Formation** |
| 7 | **Idaho Name (DBA):** | **Business Telephone** | | **Fax** |
| 8 | **E-mail Address:** | **Website Address:** | | |
| 9 | **Mailing Address:** Street Number, Direction (N, S, E, W) and Name Suite, Unit, Apt # City, State, Zip Code +4 | | | |
| 10 | **Lewiston Business Location:** Street Number, Direction (N, S, E, W) and Name Suite, Unit, Apt # City, State, Zip Code +4 | | 11 | **Number of Employees:** |

**12** List ALL Owners, Partners, Corporate Officer, Managers, Members , etc. (If individual owner, list owner only.) Attach Additional Sheets if Needed.

| | | |
|---|---|---|
| Last, First, MI: | Res. Address (Street) | SSN: |
| Title | City, State, Zip +4 | Res. Tele: |
| Last, First, MI: | Res. Address (Street) | SSN: |
| Title | City, State, Zip +4 | Res. Tele: |
| Last, First, MI: | Res. Address (Street) | SSN: |
| Title | City, State, Zip +4 | Res. Tele: |
| Responsible Local Contact (Last, First, MI & Title): | Residence Address (Street, City, State Zip +4) | Residence Telephone |

**13** **PLEASE CHECK ALL THAT APPLY TO YOUR BUSINESS**

| | | | | |
|---|---|---|---|---|
| ☐ 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 _____ |

**14** **Describe in Detail the Nature of Your Business in Lewiston. Include Product Sold, Labor Performed and/or Services Rendered.**

**15** **LICENSE AND FEES:** Refer to Business & Occupation Fee Schedule to determine fees. Real Estate and cosmetology establishments also count independent agents or persons working under the licensed broker or salon to eliminate need for individual licenses. Businesses without a physical business location, count only number of employees working in Lewiston.

| | |
|---|---|
| **Business License Fee** | **$** _____ |
| **Fee - Other** | $ _____ |
| **Inspection Fee** | **$** _____ |
| **Total Fees Due** | **$** _____ |

**16** 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 and managing member or agent.**

| | | |
|---|---|---|
| ****Signature** | **Print Name and Title** | **Date** |
| ****Signature** | **Print Name and Title** | **Date** |

# CITY OF LEWISTON
# CHILD CARE PRESCHOOL ADDENDUM

This addendum is required for all child care or preschool facilities located in within the corporate city limits of Lewiston. It must your 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:** Street Number, Direction (N, S, E, W) and Name Suite, Unit, Apt # | |
| **Classification:** | ☐ Family (1-6 children) | ☐ Group (7-12 children) | ☐ Center (13 or more children) ☐ Preschool |

**PLEASE COMPLETE THE FOLLOWING QUESTIONS**

**1. What will be your hours of operation?** **Begin Time:** _____ **a.m./p.m.** **End Time:** _____ **a.m./p.m.**

**2. Will you provide hot meals? Yes** ☐ **No** ☐

**3. Will you provide overnight care? Yes** ☐ **No** ☐

**4. What school district are you located in?**_____

**5. Ages of children you will offer care for? From** _____ **yrs to** _____ **yrs.**

**LIST BELOW ALL PERSONS WORKING, VOLUNTEERING OR LIVING (12 YEARS OF AGE OR OLDER) AT THIS FACILITY**

| Last name, First Name, Middle Initial | Relationship to Facility | Date of Birth | CPR/First Aid Expires | Fingerprints Due? |
|---|---|---|---|---|
| 1. | ☐ resident ☐ employee ☐ volunteer ☐ substitute | ____/____/____ | Month ____ Year _____ | Yes ☐ No ☐ |
| 2. | ☐ resident ☐ employee ☐ volunteer ☐ substitute | ____/____/____ | Month ____ Year _____ | Yes ☐ No ☐ |
| 3. | ☐ resident ☐ employee ☐ volunteer ☐ substitute | ____/____/____ | Month ____ Year _____ | Yes ☐ No ☐ |
| 4. | ☐ resident ☐ employee ☐ volunteer ☐ substitute | ____/____/____ | Month ____ Year _____ | Yes ☐ No ☐ |
| 5. | ☐ resident ☐ employee ☐ volunteer ☐ substitute | ____/____/____ | Month ____ Year _____ | Yes ☐ No ☐ |
| 6. | ☐ resident ☐ employee ☐ volunteer ☐ substitute | ____/____/____ | Month ____ Year _____ | Yes ☐ No ☐ |
| 7. | ☐ resident ☐ employee ☐ volunteer ☐ substitute | ____/____/____ | Month ____ Year _____ | Yes ☐ No ☐ |
| 8. | ☐ resident ☐ employee ☐ volunteer ☐ substitute | ____/____/____ | Month ____ Year _____ | Yes ☐ No ☐ |
| 9. | ☐ resident ☐ employee ☐ volunteer ☐ substitute | ____/____/____ | Month ____ Year _____ | Yes ☐ No ☐ |
| 10. | ☐ resident ☐ employee ☐ volunteer ☐ substitute | ____/____/____ | Month ____ Year _____ | Yes ☐ No ☐ |
| 11. | ☐ resident ☐ employee ☐ volunteer ☐ substitute | ____/____/____ | Month ____ Year _____ | Yes ☐ No ☐ |
| 12. | ☐ resident ☐ employee ☐ volunteer ☐ substitute | ____/____/____ | Month ____ Year _____ | Yes ☐ No ☐ |

**CPR/First Aid**

Pediatric CPR/First Aid Certification required for at least <u>one (1) person</u> who is on the licensed premises at all times during the hours of operation when children are in care.

**Background Study & Fingerprints**

All persons listed are required to complete a consent for background study and waiver to release information form. Fingerprints are required on the initial background study and repeated every three (3) years. Authorization forms for background study and fingerprint cards may be obtained at the Business Licensing Office, Community Development, 215 "D" St, Lewiston ID 83501.

**ATTACH A COMPLETE FLOOR & SITE PLAN OF YOUR FACILITY**

| Office Use Only-Do not Write in This Area | | |
|---|---|---|
| | Reviewed | Date |
| Police | _____ | _____ |
| Fingerprints Req. | ☐ | |
| Submitted | ☐ | Fingerprint Fee |
| Attached | ☐ | $ _____ |

# CITY OF LEWISTON
# CHILD CARE BACKGROUND STUDY

Any person subject to a background study in relation to a child care or preschool facility must complete this Form. If fingerprints are required, they must accompany this Form. Fingerprint cards are obtained at Business Licensing Office, 215 "D" St. Lewiston. Fingerprints are taken at the Lewiston Police Dept. on Tues. Weds. and Thurs. between 1:30pm – 4:30pm.

| I Am Applying As A: | ☐ Owner/Operator | ☐ Employee | ☐ Volunteer | ☐ Resident |
|---|---|---|---|---|

**FACILITY INFORMATION**

| **Child Care/Preschool Facility Name:** | **Business Telephone** | **Supervisor Name:** |
|---|---|---|

**Facility Address:** Street Number, Direction (N, S, E, W) and Name  Suite, Unit, Apt #  City, State, Zip Code

**INDIVIDUAL INFORMATION**

| **First Name:** | **Middle Name:** | **Last Name:** |
|---|---|---|

| **Social Security No.:** | **Date of Birth:** | **Place of Birth:** |
|---|---|---|

| **Age:** | **Height:** | **Weight:** | **Hair Color:** | **Eye Color:** | **Male** ☐ **Female** ☐ |
|---|---|---|---|---|---|

**Home Address:** Street Number, Direction (N, S, E, W) and Name  Suite, Unit, Apt #  City, State, Zip

**How long have you lived here?** years _____ months _____

| **Home Ph:** | **Cell Ph:** | **Driver's License No.:** | **DL St:** |
|---|---|---|---|

**Other Names Used**: If you have used any other name(s), alias's, maiden names or have any nicknames, etc. please print those names in this space: _____

FORMER ADDRESSES List ALL Former Addresses for the Past 10 Years, Beginning with Your Most Recent Former Address. Attached Separate Sheets if Needed.

| | | |
|---|---|---|
| **1)** | Street Number, Direction (N, S, E, W) and Name  Suite, Unit, Apt #  City, State, Zip Code | years _____ months _____ |
| **2)** | Street Number, Direction (N, S, E, W) and Name  Suite, Unit, Apt #  City, State, Zip Code | years _____ months _____ |
| **3)** | Street Number, Direction (N, S, E, W) and Name  Suite, Unit, Apt #  City, State, Zip Code | years _____ months _____ |

MARTIAL INFORMATION If Married, Divorced or Separated, List Current and Former Spouses. Attached Separate Sheets if Needed.

| | |
|---|---|
| **1)** Date of Birth ____/____/____ | **2)** Date of Birth ____/____/____ |

SELF-DECLARATION: I hereby certify that I have not had a conviction of or admission to, or withheld judgment to any offense involving neglect or physical injury or other abuse of a child to include those crimes delineated in Idaho Code sections or a similar provision in another jurisdiction out of state; Idaho Code sections: 18-1505 (abuse, neglect or exploitation of a vulnerable adult);18-801 through 18-805 (aggregated, first degree and second degree arson); 18-6605 (crimes against nature);18-6608 (forcible sexual penetration by use of foreign object);18-6602 (incest);18-1501 (injury to a child, felony or mis-Demeanor);18-4501 through 18-4503 (kidnapping);18-1508 (lewd conduct with a minor);18-5001 (mayhem);18-4001, 18-4003 (murder in any degree);18-4006 (voluntary manslaughter);18-4015 (assault or battery with intent to commit serious felony);18-4014, 18-5501 (poisoning);18-1507A(possession of sexually exploitative material);18-6101 (rape);18-7905 (felony stalking);18-1511 (sale or barter of a child);181506 and 18-1507 (sexual abuse or exploitation of a child); 18-1509 and 18-1509A (enticing of children);18-1513 through 18-1515(disseminating obscene material to minors);18- any felony punishable by death or life imprisonment; 18-306, 18-1701 and 18-205 (attempt, conspiracy, or accessory after the fact);

I have not had a conviction of or admission to, or withheld judgment to any of the following crimes, or any substantially similar provision in another juris-Diction within seven (7) years of this application: Idaho code sections 14-401 (burglary);18-2407(1) (grand theft);18-2403 (theft);18-3123 and 18-3124 (forgery of and fraudulent use of a financial transaction card);18-3601 through 18-3620 (forgery and counterfeiting);41-293 and 41-294 (insurance fraud);56-227 and 56-227A (public assistance fraud);Chapter 27, Title 37, Idaho Code (Uniform Controlled Substances Act);

I voluntarily give the City of Lewiston, Idaho, the right to make a thorough investigation of my past activities including local and state police records check. I agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies, corporations and law enforcement agencies supplying such information.

**Signature** _____

**State of Idaho, County of** _____
**On this** _____ **day of** _____ **, 20** ___**,** _____ **, personally appeared before me, who is personally known to me or whose identity I proved on the basis of satisfactory evidence to be the signer of the above instrument, and he/she acknowledged that he/she executed it.**

**Notary Public for State of Idaho**_____
**My Commission expires:** _____

# CITY OF LEWISTON
# WAIVER/AUTHORIZATION TO RELEASE INFORMATION

**TO: STATE OF IDAHO HEALTH AND WELFARE**
**DIVISION OF FAMILY AND CHILDREN'S SERVICES**
**POST OFFICE DRAWER B**
**LEWISTON ID 83501**

[ ] No record found on statewide child abuse register.

[ ] Record found – Unsubstantiated
[ ] Record found – Substantiated

_____
State of Idaho Authorized Signature
Date: _____

**AUTHORIZATION AND WAIVER**

I authorize you to furnish the CITY OF LEWISTON with any and all information you have concerning me, including information of a confidential or privileged nature. Specifically, I authorized you to release any and all information contained in the state child abuse registry or in files concerning my involvement in a child protection referral. Your reply will be used to assist the CITY OF LEWISTON to determine my fitness to be licensed as a owner or operator or an employee, resident or volunteer of a child care or preschool facility.

I understand my rights under the privacy Act of 1974, United States Code, Title 5, Section 552A, and any other privacy rights granted to me by law, and waive those rights with the understanding that information furnished will be used by the CITY OF LEWISTON to determine my fitness to be licensed as a owner or operator or an employee, resident or volunteer of a child care or preschool facility.

I hereby release you, your organization and all others from any liability or damage which may result from furnishing the information requested.

A photocopy reproduction of this request shall be for all intents and purposes to be as valid as the original. You may retain this form in your files.

**APPLICANT INFORMATION**

| | | |
|---|---|---|
| **First Name:** | **Middle Name:** | **Last Name:** |
| **Date of Birth:** | **Social Security No.:** | |
| **Applicant's Signature:** | | **Date:** |

**State of Idaho, County of _____**

**On this _____ day of _____ , 20 ___, _____ , personally appeared before me, who is personally known to me or whose identity I proved on the basis of satisfactory evidence to be the signer of the above instrument, and he/she acknowledged that he/she executed it.**

**Notary Public for State of Idaho_____**
**My Commission expires: _____**

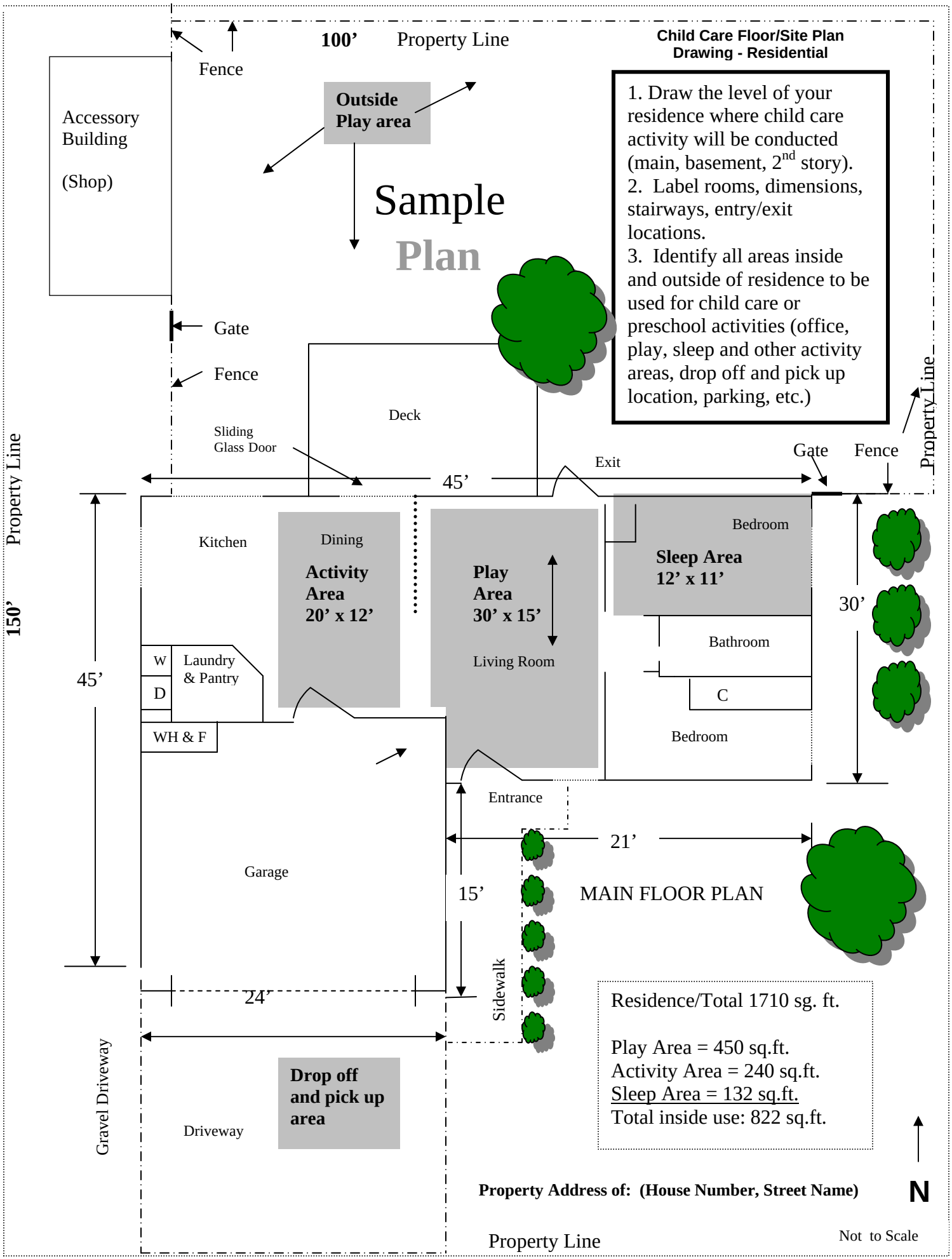
# CITY OF LEWISTON
# PEDIATRIC CPR/FIRST AID CERTIFICATION

All child care and preschool facilities must have at least one (1) person on the licensed premises at all times who has a current certification in pediatric rescue breathing and first aid treatment from a certified instructor. A copy of the CPR First Aid certification must be provided to the City of Lewiston Business License Office prior to the issuance of a license for a new facility and each year thereafter at license renewal. Below is a list of local persons and/or agencies available to provide certification.

| **CPR/First Aid Certification** | | |
|---|---|---|
| **Agency** | **Instructor** | **Contact Number** |
| Asotin County Health Department<br>American Heart Association | Jim Babino | (509) 758-9201 (home)<br>(509) 758-3344 (Health Dept.) |
| American heart Association | Anita Grimm | (509) 758-6349 (home) |
| American Red Cross | Staff | (208) 746-7332 (Lewiston Office) |
| Emergency Training Northwest<br>American Heart Association | Travis Myklebust | (208) 305-6771 (cell)<br>(208) 746-6771 (home) |
| Valley CPR<br>American Heart Association<br>American Red Cross | Shawna Willey | (208) 746-5906 |

**Child Care Floor/Site Plan Drawing - Residential**

1. Draw the level of your residence where child care 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 child care or preschool activities (office, play, sleep and other activity areas, drop off and pick up location, parking, etc.)




Residence/Total 1710 sq. ft.

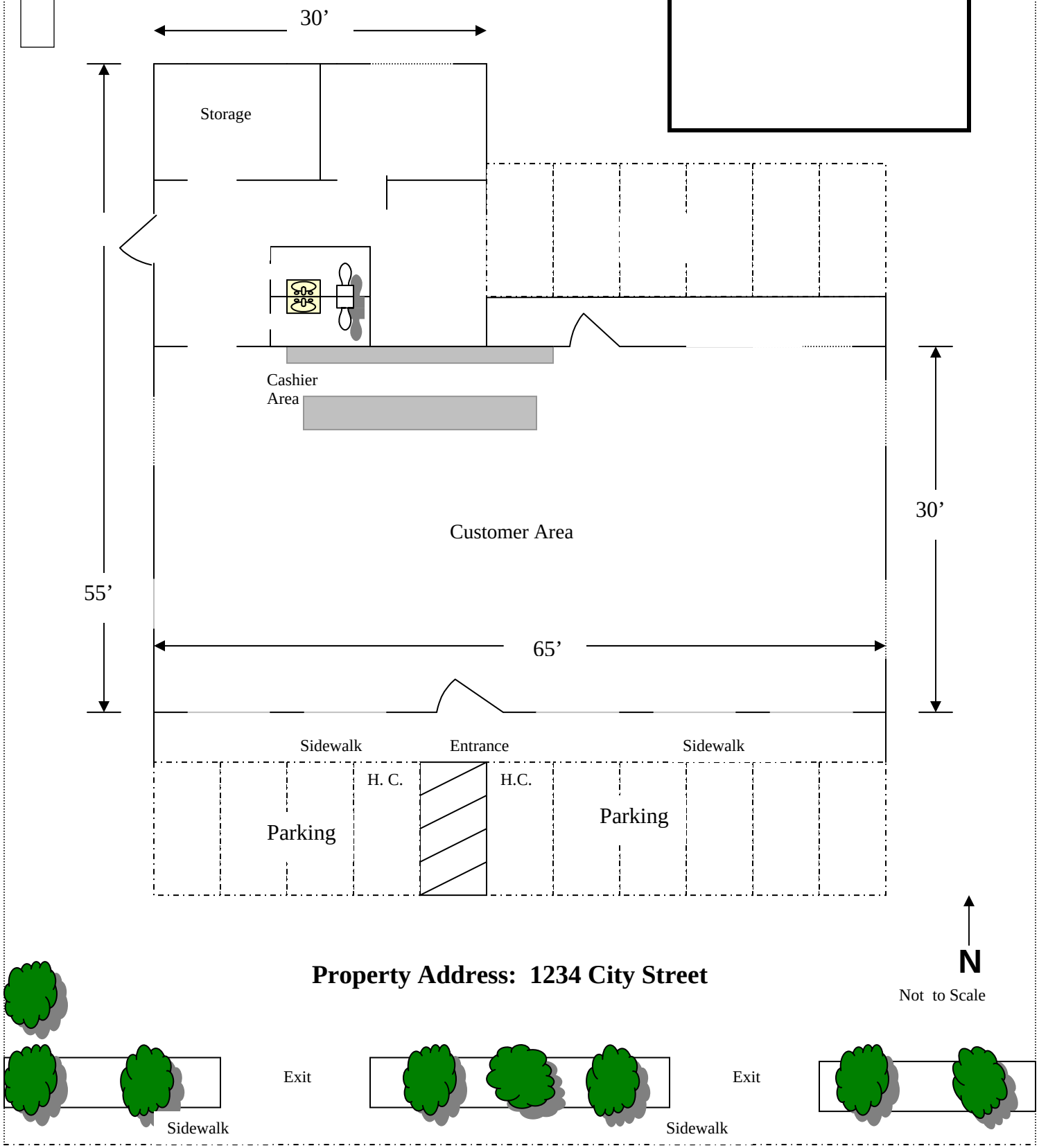
Play Area = 450 sq.ft.
Activity Area = 240 sq.ft.
Sleep Area = 132 sq.ft.
Total inside use: 822 sq.ft.

**Property Address of: (House Number, Street Name)**

**Commerical**

# Sample Plan

1. Identify how you will use the space within business premises. Label all areas.




**Property Address: 1234 City Street**