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
SECURITY/ARMORED CAR ADDENDUM

This addendum is required for all security or armored car delivery service located in or engaged 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:	**Company Name**:	**Company Address:** Street Number, Direction (N, S, E, W) and Name Suite, Unit, Apt # City, State, Zip Code

LIST BELOW ALL PERSONS WORKING SECURITY IN LEWISTON

Last Name, First Name, Middle Initial	Date of Birth (mm/dd/yy)	New or Renewal	Fingerprints Due?
1.		New ☐ Renew ☐	Yes ☐ No ☐
2.		New ☐ Renew ☐	Yes ☐ No ☐
3.		New ☐ Renew ☐	Yes ☐ No ☐
4.		New ☐ Renew ☐	Yes ☐ No ☐
5.		New ☐ Renew ☐	Yes ☐ No ☐
6.		New ☐ Renew ☐	Yes ☐ No ☐
7.		New ☐ Renew ☐	Yes ☐ No ☐
8.		New ☐ Renew ☐	Yes ☐ No ☐
9.		New ☐ Renew ☐	Yes ☐ No ☐
10.		New ☐ Renew ☐	Yes ☐ No ☐
11.		New ☐ Renew ☐	Yes ☐ No ☐
12.		New ☐ Renew ☐	Yes ☐ No ☐

Individual Security License Application Required

A completed Security License Application is required for each person listed above.

Fingerprints

Fingerprints are required on all new persons listed above who have not been previously licensed in Lewiston. Fingerprint cards may be obtained at the Business Licensing Office, Community Development, 215 "D" St, Lewiston ID.