



CITY OF LEWISTON FIREWORKS STAND LICENSE

PURPOSE AND DEFINITION

The licensing of all fireworks stands within the City is necessary for the purpose of protecting the citizens and businesses of the City. "Safe and Sane Fireworks", as defined in Idaho Code, Section 29-3610, may only be offer for sale.

HOW TO APPLY

You may obtain a license application packet from the Community Development Department. The application packet will contain the necessary documents needed for a fireworks stand license.

Complete and return the following documents to the Business License Office:

- Business License Application(s) – each site
- Fireworks Stand Addendum
- Site Plan(s) – each site
- Bond or Certificate of Insurance - \$500,000 combined BI/PD
- License Fee – refer to the Business License Fee Schedule.

Send to:

Business License Office
Community Development Department
City of Lewiston
215 "D" Street/PO Box 617
Lewiston ID 83501
(208) 746-7363
Fax: (208) 746-5595
dmartress@cityoflewiston.org

TIME FRAME

A license review takes approximately fifteen (15) working days from the time we receive the license application to the time you receive your license.

REVIEW PROCESS

When the completed application has been received by the Business License Office, the application will be forwarded to the Zoning and Building Officials and Fire Department for review. The Fire Department will provide a preliminary approval until the stand has been placed and readied for inspection. The applicant must notify the Fire Department when the stand and the storage site are ready for inspection. The Fire Inspector may be reached at (208) 743-3554.

When all inspections and investigations of the stand and storage site have been completed, the Fire Department will approve the Fire Department Permit. Both the permit and license must be posted in a conspicuous place at the fireworks stand location.

LICENSE FEE

Refer to the Business License Fee Schedule for current rates. License fees are updated annually on Oct. 1.



CITY OF LEWISTON BUSINESS LICENSE APPLICATION

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

Incomplete applications will be rejected.

1	New Business	Ownership Change	Location Change	Business Name Change	Change in Corporate Officers	Change in Mailing Address	Other
2	Business Entity Type:	Sole Proprietor	Partnership	Limited Liability Company	Corporation	Association	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>Street Number, Direction (N, S, E, W) and Name Suite, Unit, Apt#</small> <small>(If a physical location does not apply, write "none")</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	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 _____		
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 FIREWORKS STAND ADDENDUM

This addendum is required for all fireworks stands 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.

This Addendum is For the Business Of:	Company Name:	Business Telephone
	Mailing Address: Street Number, Direction (N, S, E, W) and Name Suite, Unit, Apt # City, State, Zip Code +4	
CONTACT INFORMATION		
Contact Person Name:		Contact Tele:
Title:		After Hours Tele:
RETAIL SALES LOCATION(s)		
Site 1	Location:	Site Plan Approved? Yes No
Site 2	Location:	Site Plan Approved? Yes No
Site 3	Location:	Site Plan Approved? Yes No
STORAGE AREA LOCATIONS(s)		
Site 1	Location:	Site Plan Approved? Yes No
Site 2	Location:	Site Plan Approved? Yes No
Site 3	Location:	Site Plan Approved? Yes No
INSURANCE INFORMATION		
Insurance Company Name:	Bodily Injury and Property Damage Coverage Amt: \$ _____	Copy of Certificate Attached?
Certificate or Policy No.:	Certif. Effective Date: _____ Certif. Expiration Date: _____	Yes No
AGREEMENT		
I agree to all requirements of the LEWISTON FIRE DEPARTMENT as a condition of this permit and license and the requirements of STORAGE AND SALE OF CLASS 'C' SAFE AND SANE FIREWORKS within the City of Lewiston.		
**Signature	Print Name and Title	Date
**Signature	Print Name and Title	Date

****Signatures must be that of a responsible party.**

Legal signatures include: sole proprietor-owner, corporate officer, partner and managing member or agent.

DRAW YOUR FLOOR/SITE PLAN HERE – SAMPLE ATTACHED

Sample Plan

Temporary Vendor Site Plan Drawing

Identify adjacent streets, sales area location, access, parking, type of signage and lighting. Include distance from buildings, property lines and streets. If using a protective cover, tent or other indicate size. If using lighting, indicate source of power. One (1) 2A10BC Fire extinguisher is required within the sales area.

Shopping Mall

Parking

Parking

Sports Authority

230'

300'

Temporary Vendor

500'+

Parking

100'

Property Address: 1234 City Street

N

Not to Scale

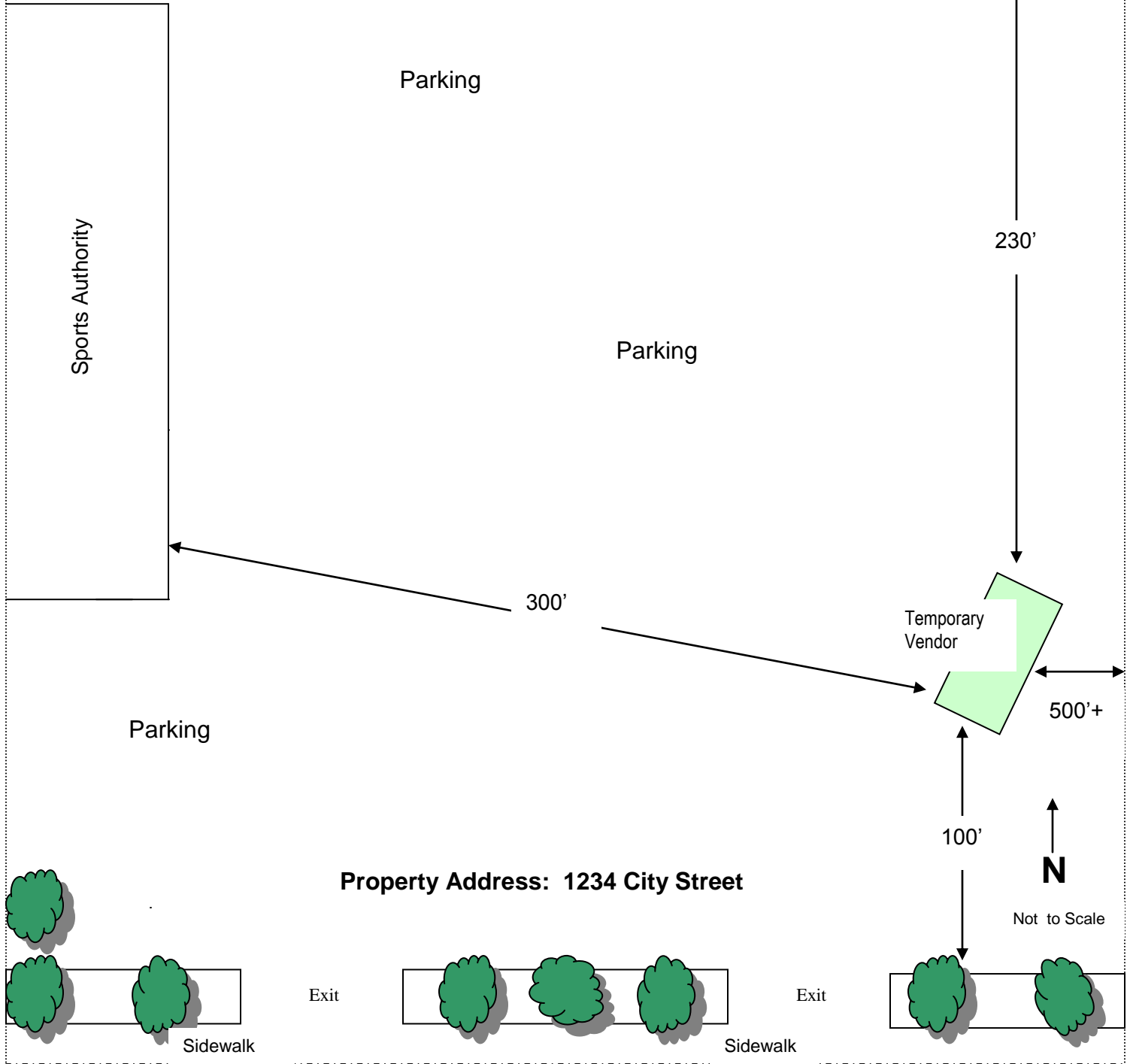
Exit

Exit

Sidewalk

Sidewalk

City Street





CITY OF LEWISTON LOCAL EMERGENCY SERVICES INFORMATION

This addendum is required for all commercial businesses **located within the corporate city limits of Lewiston** And must accompany your application for a business license. In the event of an emergency at your business premises during non-business hours, provide **LOCAL** emergency contact information of responsible parties of the business, and contact information for the building owner and/or property manager to the Police and Fire Depts. Persons listed below **must have keys or access to the building** and who may be contacted by Police or Fire Emergency Services. Submit with application 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.

This addendum is for the Business and Address Of:	Business Name:	Business Telephone ()
	Lewiston Location:	Is there a Security or Alarm System at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No
LOCAL EMERGENCY CONTACT INFORMATION		
PRIMARY LOCAL CONTACT		
Responsible Name:	Res. Address:	Res. Tele. ()
Title	City, State, Zip	Cell. Tele: ()
SECONDARY LOCAL CONTACT		
Responsible Name:	Res. Address:	Res. Tele. ()
Title	City, State, Zip	Cell. Tele: ()
THIRD LOCAL CONTACT		
Responsible Name:	Res. Address:	Res. Tele. ()
Title	City, State, Zip	Cell. Tele: ()
BUILDING OWNER CONTACT		
Responsible Name:	Res. Address:	Res. Tele. ()
Title	City, State, Zip	Cell. Tele: ()
<p><u>IMPORTANT:</u> Any changes in the above information should be forwarded to the Lewiston Police Department, 1224 "F" St, PO Box 617, Lewiston ID 83501. Bus. Tele: (208) 746-0171</p>		