



## CITY OF LEWISTON SECURITY/ARMORED CAR COMPANY LICENSE

### PURPOSE AND DEFINITION

The licensing of all security or armored car delivery service located in or engaged within the corporate city limits of Lewiston is required. 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.

### HOW TO APPLY

You may obtain a license application from the Community Development Department. Contact the Business License Office at 208-746-7363 to request an application or go to the city website at [www.cityoflewiston.org](http://www.cityoflewiston.org) to print one.

### 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. However, in some cases it may take longer, depending upon whether modifications and/or inspection of the business premises is required before occupancy.

### LICENSE FEE

The license fee is calculated on number of employees. Refer to the Business License Fee Schedule for current rates. License fees are updated annually on October 1.

### BOND REQUIRED

A surety bond is required in the amount of \$5,000.00

### SECURITY GUARD BACKGROUND STUDY REQUIRED

In addition to the business license for the security or armored car company, an individual background study is required for each person performing security within the corporate city limits of Lewiston. **A separate application and fingerprints are required.**

### FINGERPRINTING

Fingerprinting is required for each person performing security. Background forms and fingerprint cards can be picked up at 215 "D" St. Lewiston, ID 83501. A fingerprint card will be given to applicant when a background study form and fingerprint fee has been submitted. Fingerprinting is provided by the Lewiston Police Department on Tuesdays, Wednesdays and Thursdays between the hours of 1:30 p.m. - 4:30 p.m. The police department may submit print electronically or require applicant to return prints to Business License.

### REVIEW PROCESS

When the completed application has been received by the Business License Office, copies are sent to the Fire Department, Building and Zoning Officials, and, in some instances, the Police Department and Health District.

The Zoning Official reviews the application to determine if the business is allowed in the zone. In some instances, a conditional use permit may be required; if so, approval of the conditional use is required by the Planning and Zoning Commission before a business license may be issued.

The Fire Department inspection will be arranged through the F and will be scheduled at a time during the normal working day convenient to the applicant. The Fire Department reviews the use and structure for fire and life safety requirements not covered in the Building Code, i.e., water supply, Fire Department access and fire extinguishers. The Building Official reviews the condition of the structure in relation to the request.

The Building Division inspectors review for compliance with adopted codes including electrical, mechanical and building codes. The Building Division also reviews the structure for compliance with the Americans with Disabilities Act (ADA). The Health District and the Police Department may also review some applications.



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## REVIEW PROCESS Cont'd

Following the inspections, you will be given a letter containing the inspectors comments and/or a list of any corrections that may be required. Some corrections may be required immediately, prior to occupancy; others may be completed within a short period of time.

## SANITATION SERVICE

All premises in the City are assessed a minimum fee to fund the Solid Waste System. Contact the Utilities Division at 208-746-3671 for information on the service and fee structure. Failure to contact the Utility Division and specify a service level will result in the minimum fee being assessed.

## SIGNS

Most new signs and the replacement of existing signs require a construction permit. Signs are regulated by zoning, and the type and size of sign you may erect is determined by your business location. Window signs are not generally regulated. Portable reader board signs are illegal. Please contact the Zoning Official for more information at 208-746-1318.

## REFUND POLICY

Withdrawal of Application – If, upon written request by the applicant to the Business Licensing Coordinator to withdraw an application for license, a refund shall be granted, less a processing fee; provided however, that no investigation had been conducted of the business premise or a license issued, in which case a refund shall not be granted.

**ALL BUSINESS LICENSES MUST BE RENEWED ANNUALLY**

## OTHER CONTACTS:

Register your business:	Idaho Secretary of State - (208) 334-2301 - <a href="http://www.sos.idaho.gov">www.sos.idaho.gov</a> PO Box 83720 Boise ID 83720-0080
Federal taxes:	Internal Revenue Service - (800) 829-1040 – <a href="http://www.irs.gov">www.irs.gov</a> Federal Bldg, Rm 327 550 W Fort St Boise ID 83724-0041
State income and other taxes:	Idaho Tax Commission - (208)799-3491 - <a href="http://www.tax.idaho.gov">www.tax.idaho.gov</a> 1118 "F" Street Lewiston ID 83501
Employment taxes, new hire, labor laws:	Idaho Department of Labor – (208) 799-5000 ext. 3937 or 3855 – <a href="http://www.labor.idaho.gov">www.labor.idaho.gov</a> 1158 Idaho St Lewiston ID 83501
Worker's Compensation Insurance:	Idaho Industrial Commission – (208) 799-5035 – <a href="http://www.iic.idaho.gov">www.iic.idaho.gov</a> 1118 "F" Street Lewiston ID 83501



# CITY OF LEWISTON BUSINESS LICENSE APPLICATION

Check Type of License:

General Business License  
Commercial Location  
No Physical Location  
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: Street Number, Direction (N, S, E, W) and Name Suite, Unit, Apt# City, State, Zip Code				Business E-mail Address:		
5	Corporate/Entity Name: (If different from DBA)			State of Incorporation or Formation	6	Federal Tax Identification Number	
7	Corporate/Entity Address: Street Number, Direction (N, S, E, W) and Name Suite, Unit, Apt# City, State, Zip Code				Corporate/Entity Telephone ( )		
8	Lewiston Business Location: Street Number, Direction (N, S, E, W) and Name Suite, Unit, Apt# (If a physical location does not apply, write "none")						
9	<b>BUSINESS OWNERSHIP – LIST ALL OWNERS, PARTNERS, CORP. OFFICERS</b> (Attach additional sheet if needed)						
	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: ( )		
10	<b>PLEASE CHECK ALL THAT APPLY TO YOUR BUSINESS</b>						
	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 SECURITY/ARMORED CAR COMPANY ADDENDUM

This addendum is required for all security guard or armored car delivery services located in or engaged within the corporate city limits of Lewiston. It must accompany your application for a business license. Submit new application or license renewal with attachments to: City of Lewiston, Business License, 215 "D" St or PO Box 617, Lewiston ID 83501 Questions may be directed to Business Licensing at (208) 746-7363.

<b>This Addendum is for the Business &amp; Address of:</b>	<b>Company Name:</b>	<b>Company Address:</b>
		Street Number, Direction (N, S, E, W) and Name Suite, Unit, Apt # City, State, Zip Code
<b>LIST BELOW ALL EMPLOYEES WORKING SECURITY IN LEWISTON</b>		
Last Name, First Name, Middle Initial	DOB Month, Year	
1.	____ / ____	
2.	____ / ____	
3.	____ / ____	
4.	____ / ____	
5.	____ / ____	
6.	____ / ____	
7.	____ / ____	
8.	____ / ____	
9.	____ / ____	
10.	____ / ____	
11.	____ / ____	
12.	____ / ____	
<b>Individual Security Background Study Required</b>		
A completed Security Guard background study form is required for each person listed above. The background study form can be picked up at 215 "D" St, Lewiston ID 83501.		
<b>Fingerprints</b>		
A fingerprint card will be given to applicant when a background study form and fingerprint fee has been submitted. Fingerprinting is provided by the Lewiston Police Department on Tuesdays, Wednesdays and Thursdays between the hours of 1:30 p.m. - 4:30 p.m. The police department may submit print electronically or require applicant to return prints to Business License.		



## CITY OF LEWISTON LOCAL EMERGENCY SERVICES INFORMATION

This addendum is required for all commercial businesses located within the corporate city limits of Lewiston accompany your application for a business license. In the event of an emergency at your business and must 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 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.

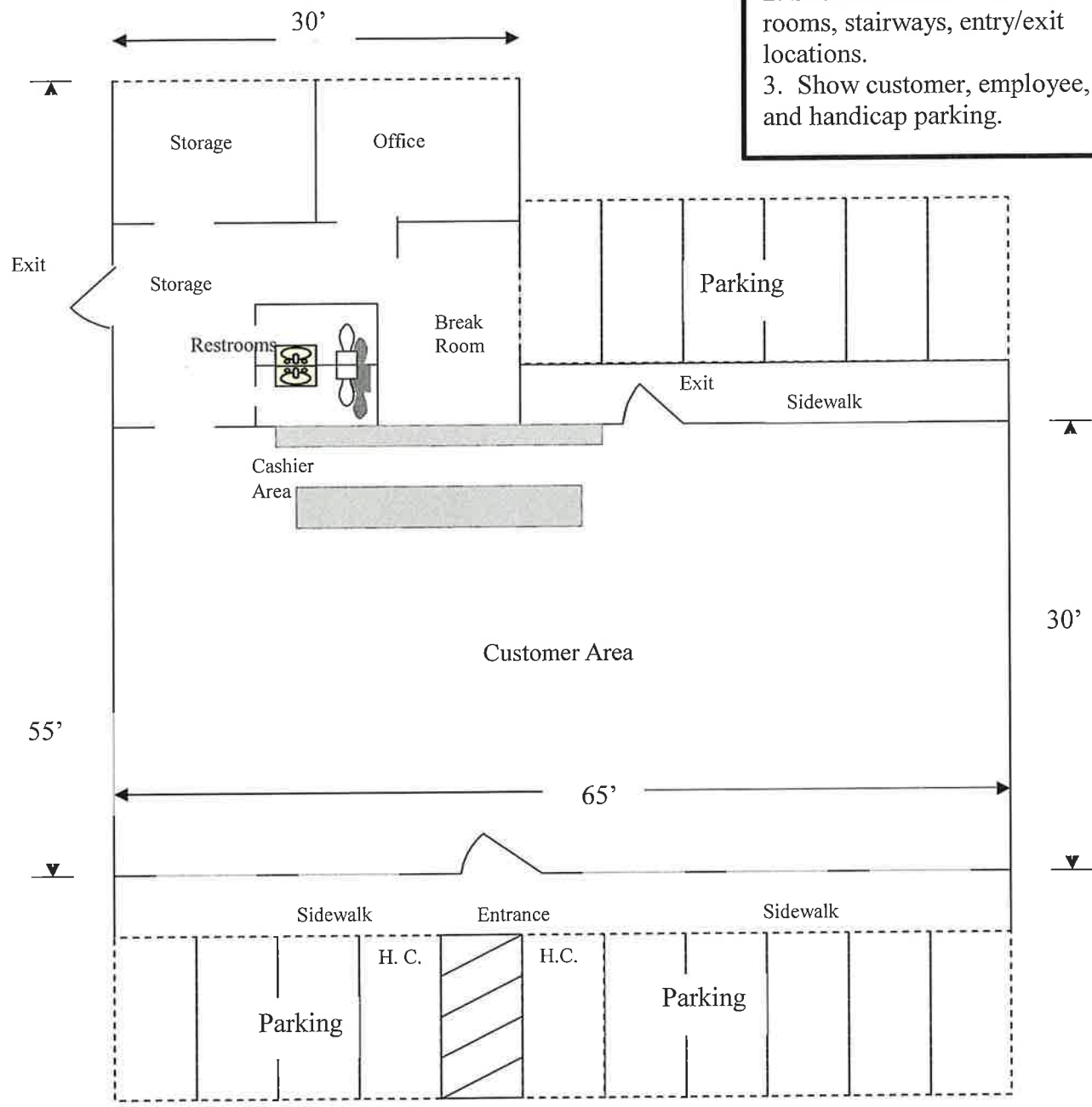
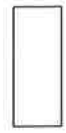
This addendum is for the Business and Address Of:	Business Name:	Business Telephone (    )	
	Lewiston Location:	Is there a Security or Alarm System at this location?    Yes    No	
<b>LOCAL EMERGENCY CONTACT INFORMATION</b>			
<b>PRIMARY LOCAL CONTACT</b>			
Responsible Name:	Res. Address:	Res. Tele. (    )	
Title	City, State, Zip	Cell. Tele: (    )	
<b>SECONDARY LOCAL CONTACT</b>			
Responsible Name:	Res. Address:	Res. Tele. (    )	
Title	City, State, Zip	Cell. Tele: (    )	
<b>THIRD LOCAL CONTACT</b>			
Responsible Name:	Res. Address:	Res. Tele. (    )	
Title	City, State, Zip	Cell. Tele: (    )	
<b>BUILDING OWNER CONTACT</b>			
Responsible Name:	Res. Address:	Res. Tele. (    )	
Title	City, State, Zip	Cell. Tele: (    )	
<p><b>IMPORTANT:</b> 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>			

DRAW YOUR FLOOR/SITE PLAN HERE – SAMPLE ATTACHED

# Sample Plan

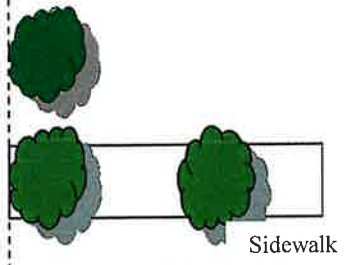
1. Identify how you will use the space within business premises. Label all areas.
2. Show dimensions of rooms, stairways, entry/exit locations.
3. Show customer, employee, and handicap parking.

Dumpster



**Property Address: 1234 City Street**

**N**  
Not to Scale



City Street