

APPLICATION FOR
RESTAURANT LICENSE
RENEWAL

February 1, 2020 - January 31, 2021

OFFICE USE ONLY

Date Received: _____

Received By: _____

Clerk Signature: _____

Fire Chief Signature: _____

OWNER / BUSINESS INFORMATION AS IT SHOULD APPEAR ON LICENSE:

Business Name: _____

Address of Business: _____

Mailing Address: _____

(if different than above)

Owner Name: _____

Owner Address: _____

****Please Update Below****

Local Contact Person Name & Title: _____

Local Contact Phone Number & Email: _____

Please attach: _____ Copy of Current Idaho SWDH Permit

I/We Certify that there have been no changes in the above names business, ownership, directors, stockholders, or partners during the past licensed year and that ALL information above is true and correct.

APPLICANT SIGNATURE: _____ DATE: _____