

PAYETTE *Idaho*

BUSINESS LICENSE APPLICATION

LICENSE # _____

\$25.00

(one-time, Non- Refundable Fee)

BUSINESS/APPLICANT INFORMATION

Doing Business As (DBA): _____

Nature of Business: _____ Sales Tax No: _____

Goods/Services Offered: _____

Business Owner: _____ Phone No: _____

Business Address: _____ Local Contact Name: _____

Local Contact Phone No: _____ Email Address: _____

APPLICANT INFORMATION

Applicant Name: _____ Applicant Phone No: _____

Applicant Address: _____ City: _____ State: _____ Zip: _____

Applicant Mailing Address (if different): _____ City: _____ State: _____ Zip: _____

Applicant Email Address (optional): _____

** I certify that all the information provided in this application is true and correct. I hereby agree to abide by Payette Municipal Code (P.M.C. 05.29) relative to the licensing and business operations applied for.

Applicant Signature: _____ Date: _____

Please visit our website for helpful information and resources for starting a new business!

www.cityofpayette.com/business

OFFICE USE ONLY

Date Received: _____ Received By: _____ Payment Batch # _____

Clerks Office Signature: _____ Fire Dept. Inspector Signature: _____

Change of Use: Y / N (if yes, inspection required) Building Inspector Signature: _____

Zoning Classification: _____ Business Type: _____

Conditional Use Permit Required: Y / N Conditional Use Permit Granted: Y / N Date Use Granted: _____

Issued Denied Date Issued: _____