



License # 2025 - \_\_\_\_\_  
Issued by City

# Business License Application & Renewal

## **\$50.00 Business License Fee**

*Business Licenses are active for a calendar year, expiring Dec 31<sup>st</sup>, and not transferable. Fees will not be prorated and are non-refundable.*

### Business Information (PLEASE PRINT)

Name of Business: \_\_\_\_\_

DBA: \_\_\_\_\_ Bus. Phone No: \_\_\_\_\_

EIN No: \_\_\_\_\_ ID State Sales Tax No: \_\_\_\_\_

Business Physical Address: \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_

Owner's Name(s): \_\_\_\_\_ Phone No: \_\_\_\_\_

Billing Contact: \_\_\_\_\_ Phone No: \_\_\_\_\_

Email(s): \_\_\_\_\_

Preferred method of correspondence:  Email  Mail

Type of Business (*3-word max*): \_\_\_\_\_

### **After Hours/Emergency Contacts – 2 REQUIRED \*Do NOT include OWNER Information**

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

### **Northside Fire District Information**

Building Stories: \_\_\_\_\_ Alarm System (yes or no): \_\_\_\_\_

Location of Chemicals/Flammables in building, if any (*attach list of items*): \_\_\_\_\_

**Signature (Owner/Agent):** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Official Use Only

#### Land Use Compliance

Planning Dept. Approval (Sign & Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Payment Method:  Cash  Credit Card  Check # \_\_\_\_\_ Date Processed/Sent: \_\_\_\_\_

**Mail Completed Application & Payment to: City of Ponderay – PO Box 500 – Ponderay, ID 83852**

**Dropoff Location: Ponderay City Hall - 288 4<sup>th</sup> St. - Ponderay Phone: (208) 265-5468**