



Office Use Only
Permit Number _____
Fees Paid _____

APPLICATION FOR BUSINESS LICENSE

No person or business shall engage in, prosecute or carry on a Permanent or Temporary business or vocation within the City until such license shall be obtained.

GENERAL INFORMATION

APPLICATION PURPOSE New Business Renewal New Location New Owner
 Remodel Other Change

LEGAL NAME OF BUSINESS _____

TRADE NAME(doing business as) _____ STATE TX ID # _____

TYPE OF BUSINESS (Check One) Sole Proprietor Corp LLC Partnership Other _____

NATURE OF BUSINESS (Check all that apply)

- | | | | | |
|--|--|--|-----------------------------------|--|
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Wholesale | <input type="checkbox"/> Retail | <input type="checkbox"/> Services | <input type="checkbox"/> Food Services |
| <input type="checkbox"/> Professional | <input type="checkbox"/> Contractor/Trade | <input type="checkbox"/> Rental | <input type="checkbox"/> Beer | <input type="checkbox"/> Wine |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Home Occupation | <input type="checkbox"/> Towing & Booting | <input type="checkbox"/> Peddler | |
| <input type="checkbox"/> Use of City Sewer | <input type="checkbox"/> Public Transportation | <input type="checkbox"/> Solicitor, or Seasonal Merchant | | |

DESCRIBE IN DETAIL THE PRINCIPAL PRODUCT(S) OR SERVICE(S) RENDERED: _____

CONTACT INFORMATION

APPLICANTS DRIVERS LICENSE NO. _____ STATE _____

NAME OF OWNER/APPLICANT _____ PHONE 1 _____
 _____ PHONE 2 _____
 _____ EMAIL _____

Physical and Mailing Address
 NAME OF PROPERTY OWNER _____ PHONE 1 _____
 _____ PHONE 2 _____
 _____ EMAIL _____

Physical and Mailing Address
 AFTER HOURS EMERGENCY CONTACT _____ PHONE 1 _____
 _____ PHONE 2 _____

Physical Address _____

ZONING REQUIREMENTS

Zoning District: _____
 Zoning Verification Confirmed by : _____ Date obtained _____

PHYSICAL ADDRESS _____

MAILING ADDRESS _____ BUSINESS PHONE _____

SIGNAGE: Applicants wanting a sign must apply for a sign permit. Applications can be obtained from City Hall or at <http://www.victorcityidaho.com>

WASTEWATER PERMITTING

Type of business or establishment _____

Will this business be doing any type of food preparation or cooking? Yes No

What type of food preparation or cooking will be done? _____

Will there be any deep fat frying? Yes No

Are you (1) a business planning to occupy an existing building or are you (2) designing a new facility? _____

Will your business have chemical storage? Yes No If the answer is yes, specify type and quantity.

Will this facility operate year round? Yes No

Will there be any grease traps in the facility? Yes No

Is there any manufacturing products at this facility? Yes No

IF YOU ANSWERED YES TO ANY OF THESE QUESTIONS MAKE SURE YOU HAVE MET WITH THE APPROPRIATE AGENCY FOR REVIEW AND COMPLIANCE.

IMPORTANT: Incomplete or incorrect applications may result in a delay or refusal of issuance of Certificate of Registration. Except where otherwise provided, the certificate year/term shall run from the date issued to the same date the following year. The certificate must be renewed and the application fees paid yearly.

AS APPLICANT, I _____, DECLARE UNDER PENALTY OF PERJURY UNDER IDAHO STATE LAW THAT ALL INFORMATION GIVEN IS TRUE AND CORRECT, AND I UNDERSTAND THAT ALL INFORMATION GIVEN IS SUBJECT TO VERIFICATION.

SIGANTURE OF APPLICANT _____ DATE _____

*** PLEASE ATTACH ANY APPLICABLE SUPPORTING INFORMATION (See general information above), AND ENCLOSE A CHECK FOR ALL APPLICABLE FEES MADE PAYABLE TO THE CITY OF VICTOR.**

OFFICE USE ONLY- APPROVAL CHECKLIST - PLEASE INITIAL

_____ BUILDING DEPT. _____ PLANNING DEPT. _____ FIRE DEPT. _____ PUBLIC WORKS