



For Staff Use
Date Received:
Payment Received:

**APPLICATION FOR BUSINESS LICENSE & LOCAL OPTION SALES  
TAX PERMIT**

**Thank you for choosing to do business in Victor, Idaho! All entities conducting business within Victor city limits are required to have a business license and sales tax permit.**

Instructions: Please submit the completed and signed application, along with additional required documentation and payment, to the City Clerk’s office, PO Box 122, Victor ID 83455 or drop it off at Victor City Hall at 32 Elm Street. Once a complete application is received, it will be processed within 14 business days unless additional inspections are required. Please note that incomplete or incorrect applications may result in a delay or refusal of issuance of the license. The business license must be renewed annually.

Any questions? Please call the clerk’s department at 208-787-2940 or email [michelles@victorcityidaho.com](mailto:michelles@victorcityidaho.com).

GENERAL INFORMATION		
Type of Application (New Business, Renewal, New Location/Owner, Remodel, Tax Only, Other):		
Business Legal Name:		
Trade Name (doing business as):		
Business Phone Number:	Business Email Address:	
Property Address:		
City:	State:	Zip Code:
Mailing Address:		
City:	State:	Zip Code:
Idaho State Sales Tax ID No:		
Type of Business (Sole Proprietor, Corp, LLC, Partnership, Other):		
Describe in Detail Nature of Business (manufacturing, wholesale, retail, services, short term lodging, etc....) & the Principal Product(s) or Service(s) Rendered:		
Will Business Prepare or Cook Food? (Yes/No) Please describe.		
Will Beer, Wine, or Liquor Sales Occur? (Yes/No) Please describe.		
Total Square Footage of Space:		
Will the Space be Remodeled or Expanded: Yes/No		
Anticipated Opening Date:	Operating Hours:	
Number of Employees on Payroll:	Full Time:	Part Time:
CONTACT INFORMATION		
Name of Member(s), Partner(s), Officers(s)/Applicant (Please complete for each member):		
Emergency Phone:	Email:	
Mailing Address:		

City:	State:	Zip Code:
Applicants Driver's License No:		State:
Property Owner (if different from applicant):		
Emergency Phone:	Email:	
Mailing Address:		
City:	State:	Zip Code:
<b>Fees</b>		
Please submit payment in the amount of \$100 for the initial application which is for a one year term expiring December 31st each year. For Tax Only Application, no fees will apply.		
<b>Additional Required Documentation</b>		
Please attach the following documentation depending on the nature of your business:		
o Copies of any state occupational licenses or permits		
o Tax ID permits- Must be filed with that state and certificate must be submitted		
o Basic site map showing drop off/ delivery (if applicable), parking provided by the applicant, location of enclosed dumpster, and any other accommodations as required for the site.		
o Health District 7 permits and licenses		

I hereby acknowledge that I have completed this application accurately and understand that all information is subject to verification. I understand that approval of this application does not imply that any additional reviews, authorizations, or permits have been granted by the City of Victor and that additional reviews, authorizations, permits, and approvals may be required. I further attest that I will operate the business in compliance with all federal, state, and local laws.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

**Municipal Sales Tax:** The Victor Non-property Sales Tax rates are 1% on retail and liquor by the drink sales, and 3% on lodging/short term rentals (30 days or less).

- I acknowledge and understand that I am required to collect and remit the above tax using the same remittance schedule as required by the Idaho State Tax Commission. Taxes are to be remitted to the City for each calendar month on or before the 20th day of the succeeding month. (Initial) \_\_\_\_\_
- I further acknowledge and understand that I am required to submit a copy of the Idaho State Sales Tax return for the month at the same time said taxes are paid to the City Clerk. (Initial) \_\_\_\_\_
- If any other remittance schedule is required, I acknowledge and understand that I am required to submit documentation showing the same schedule for Idaho State Tax Commission and have attached it to this application. (Initial) \_\_\_\_\_

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

<b>APPROVAL CHECKLIST - OFFICE USE ONLY</b>			
Zoning District _____	Zone Confirmed by _____	Date _____	
Building Dept. _____	Planning Dept. _____	Fire Dept. _____	Public works _____
Additional Inspections: _____			
Business License No. _____			
Local Option Sales Tax Permit No. _____			
IworQ No. _____			
Approved: Yes ___ No ___ W/Conditions (Please Attach) _____			