



APPLICATION FOR A TEMPORARY BUSINESS LICENSE

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 including those operating on a temporary basis as set forth in City Code: Short Term Business (14 days in one calendar year, not to exceed 7 consecutive days)- Title 3, Chapter 1A and Long Term Temporary Merchant Business (Operations from a temporary or mobile structure in a secondary or ancillary capacity to a primary and permanently developed business)- Title 1, Chapter 1B.

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 10 S Main Street, unit 101. 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. Any questions? Please call the clerk's department at 208-787-2940 or email michelles@victorcityidaho.com.

GENERAL INFORMATION

APPLICATION PURPOSE ___ Short Term ___ Long Term Temporary Merchant ___ Music on Main ___ Other

LEGAL NAME OF BUSINESS _____

TRADE NAME (doing business as) _____

Idaho State Sales Tax ID Number # _____

TYPE OF BUSINESS: Sole Proprietor ___ Corp ___ LLC ___ Partnership ___ Other ___

APPLICANTS DRIVERS LICENSE NO: _____ STATE _____

NATURE OF THE BUSINESS (Check all that applies)

DESCRIBE IN DETAIL THE EVENT OR PURPOSE OF APPLICATION:

Dates of Operation:

Will business prepare or cook food on site? ___ Yes ___ No

Please describe any food preparation: _____

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

Business Physical Address: Street & No: _____
Business Mailing Address _____
Business Phone No: _____
Business Email Address _____
Idaho Sales Tax _____ Emergency Phone No: _____
Business License No: _____

CONTACT INFORMATION

NAME OF OWNER/APPLICANT _____ PHONE _____
ADDRESS _____ EMAIL _____
PROPERTY OWNER (if different from applicant) _____
ADDRESS _____ PHONE _____

ADDITIONAL REQUIRED DOCUMENTATION & FEES

Please attach the needed documentation depending on the nature of your business.

- Health District 7 permits and licenses- Food Handlers Permit
- Copy of current business license
- Fees- Temporary License: \$25.00 per day- up to 14 days per year, not to exceed 7 consecutive days
 Long Term Temporary Merchant: \$300 quarterly, \$1,000 annual

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 _____

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