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## City of Idaho City Business License Application Applicant Instructions

Use this application to request a City of Idaho City business license, vendor license, mobile food vendor permit, temporary merchant approval, renewal, or related business approval. Do not begin operating until the City has approved the application, collected all required fees, and issued the license or permit.

1. Complete every section that applies. Write "N/A" for items that do not apply.
2. Select all license or permit types that apply to the business.
3. Attach all required supporting documents, including state, county, health, fire, building, zoning, insurance, property authorization, vehicle, event, or right-of-way approvals when applicable.
4. If operating on private property, attach written owner authorization. If operating on public property, a City park, right-of-way, or during a sponsored event, attach the required City approval.
5. Food trucks, mobile food units, carts, booths, temporary vendors, and similar operations must complete the mobile or temporary vendor section.
6. Formula businesses, franchises, chain businesses, standardized businesses, RV parks, mobile home parks, or large-scale commercial uses may require additional review before a license is issued.
7. Licenses expire December 31 of the year issued unless suspended, revoked, or otherwise terminated. Renewal applications should be submitted before the next calendar year begins.
8. A license is not transferable. A new application is required for a change in ownership, location, business type, or material business activity.

| BUSINESS AND VENDOR LICENSES           | FEE                                             |
|----------------------------------------|-------------------------------------------------|
| Business license application fee       | \$75 (non-refundable)                           |
| Business license annual renewal fee    | \$63                                            |
| Business license late fee              | \$25                                            |
| Carnival/public entertainment <10      | \$227.00 (daily)                                |
| Carnival/public entertainment >10      | \$22.50 (per concession daily)                  |
| Idaho City Filming Permit Application  | \$27.00                                         |
| Idaho City Filming Permit              | \$27.00 (per day)                               |
| Idaho City Filming Permit (non-profit) | \$10.75 (per day)                               |
| Mobile Food Truck Application          | \$27.00                                         |
| Mobile Food Truck Permit               | \$21.50 (per day, 5-day limit in one location)  |
| Mobile Food Truck Annual Permit        | \$206.00 per year (5-day limit in one location) |
| Vendor license daily fee               | \$17.00                                         |
| Vendor license daily fee (nonprofit)   | \$7.75                                          |
| Vendor license yearly fee              | \$56.50 (non-refundable)                        |
| Vendor License yearly fee (nonprofit)  | \$25.75 (non-refundable)                        |
| Door-to-Door Solicitation Permit       | \$56.50 per year & \$25.75 per solicitor        |
|                                        |                                                 |

**Application Type:** ☐ New Business License ☐ Renewal ☐ Vendor License ☐ Mobile Food Vendor/Food Truck ☐ Temporary Merchant ☐ Sponsored Event Vendor ☐ Door-to-Door Solicitation Permit ☐ Filming Permit ☐ Nonprofit Filming Permit ☐ RV Park ☐ Mobile Home Park ☐ Formula Business ☐ Large-Scale Commercial Business ☐ Change of Ownership ☐ Other: \_\_\_\_\_

**Nonprofit Status:** ☐ Not applicable ☐ Nonprofit status claimed. If nonprofit status is claimed, attach proof of nonprofit status or other documentation acceptable to the City.

**Renewal Applicants:** Have ownership, location, business activity, contact information, required permits, or other material information changed since the prior license? ☐ No ☐ Yes. If yes, explain:

### 1. Applicant and Business Information

|                                                 |                                        |
|-------------------------------------------------|----------------------------------------|
| <b>Legal Business Name</b>                      |                                        |
| <b>Doing Business As, if different</b>          |                                        |
| <b>Applicant/Owner Name and Title</b>           |                                        |
| <b>Business Mailing Address</b>                 | Street: _____<br>City/State/ZIP: _____ |
| <b>Business Physical Location in Idaho City</b> |                                        |
| <b>Phone</b>                                    |                                        |
| <b>Email</b>                                    |                                        |
| <b>Emergency Contact</b>                        | Name: _____<br>Phone: _____            |

### 2. Business Activity

Describe the goods, merchandise, food, beverages, services, lodging, rental spaces, entertainment, or other business activity proposed within Idaho City.

|                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Description of Business Activity</b>                                                                                                                                        |
| _____                                                                                                                                                                          |
| _____                                                                                                                                                                          |
| _____                                                                                                                                                                          |
| <b>Proposed Start Date:</b> _____ <b>Hours/Days of Operation:</b> _____                                                                                                        |
| <b>Will employees, vendors, contractors, or solicitors operate under this license?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, describe:</b> _____ |
| _____                                                                                                                                                                          |

### 3. Location and Property Authorization

**Operating Location:** ☐ Fixed location in Idaho City ☐ Mobile/temporary location ☐ Private property ☐ Public property/right-of-way/park ☐ Sponsored event Address or location:

Attach written property owner authorization for private property. Attach City approval for any use of public property, right-of-way, park property, or sponsored event location. Approval of this application does not authorize any land use, sign, occupancy, parking, traffic, nuisance, health, fire, building, or zoning violation.

#### 4. Required Permits, Licenses, and Approvals

Check each item submitted with the application. The City may require additional documentation before issuing a license or permit.

- ☐ Idaho Secretary of State registration or business entity documentation, if applicable
- ☐ State sales tax or seller's permit, if applicable
- ☐ Health department approval for food, beverage, lodging, or other regulated activities, if applicable
- ☐ Fire inspection or fire safety approval, if applicable
- ☐ Building, zoning, sign, occupancy, or land use approval, if applicable
- ☐ Vehicle, trailer, cart, or mobile unit registration, if applicable
- ☐ Proof of insurance, if required by the City or event sponsor
- ☐ Property owner authorization or lease authorization, if applicable
- ☐ Sponsored event, park, right-of-way, or location approval, if applicable
- ☐ Other required permit or approval: \_\_\_\_\_

#### 5. Mobile Food Vendor, Food Truck, or Temporary Merchant Information

Complete this section for any food truck, food trailer, cart, stand, booth, tent, table, vehicle, mobile unit, temporary merchant, vendor, or similar temporary or mobile operation.

|                                                     |                                                                                                                                                                                                                                                                                                                      |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Type of Operation</b>                            | <input type="checkbox"/> Food Truck <input type="checkbox"/> Food Trailer <input type="checkbox"/> Cart <input type="checkbox"/> Stand <input type="checkbox"/> Booth <input type="checkbox"/> Tent <input type="checkbox"/> Table <input type="checkbox"/> Temporary Merchant <input type="checkbox"/> Other: _____ |
| <b>Vehicle, Trailer, Cart, or Booth Description</b> | Make/Model/Color/Size or Setup Description: _____                                                                                                                                                                                                                                                                    |
| <b>License Plate or Registration Number</b>         | _____                                                                                                                                                                                                                                                                                                                |
| <b>Requested Operating Location(s)</b>              | Location 1: _____<br>Location 2: _____                                                                                                                                                                                                                                                                               |
| <b>Requested Dates and Times</b>                    | _____                                                                                                                                                                                                                                                                                                                |
| <b>Food, Waste, Grease, and Trash Disposal Plan</b> | _____                                                                                                                                                                                                                                                                                                                |
| <b>Generator, Propane, or Fuel Use</b>              | <input type="checkbox"/> None <input type="checkbox"/> Generator <input type="checkbox"/> Propane <input type="checkbox"/> Other Fuel: _____ Describe: _____                                                                                                                                                         |
| <b>Restroom Access, if required</b>                 | Location/Arrangement: _____                                                                                                                                                                                                                                                                                          |

**Mobile Food Truck Location Limit:** I understand that a mobile food truck permit is subject to all applicable time and location limits, including the 5-day limit in one location where applicable.

☐ Applicant acknowledges

#### 6. Door-to-Door Solicitation Supplemental Information

|                                         |                             |
|-----------------------------------------|-----------------------------|
| <b>Number of Solicitors</b>             | _____                       |
| <b>Solicitation Dates and Times</b>     | _____                       |
| <b>Goods, Services, or Purpose</b>      | _____                       |
| <b>Supervisor or Responsible Person</b> | Name: _____<br>Phone: _____ |

## 7. Filming Permit Supplemental Information

|                                                                                 |                                                                                                                                              |
|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Type of Filming Permit</b>                                                   | <input type="checkbox"/> Filming Permit <input type="checkbox"/> Nonprofit Filming Permit                                                    |
| <b>Filming Dates and Times</b>                                                  |                                                                                                                                              |
| <b>Filming Location(s)</b>                                                      |                                                                                                                                              |
| <b>Description of Filming Activity</b>                                          |                                                                                                                                              |
| <b>Public Property, Right-of-Way, Street, Sidewalk, Park, or Traffic Impact</b> | <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, describe and attach City approval:<br>_____                                |
| <b>Insurance or Indemnity Required</b>                                          | <input type="checkbox"/> Not required <input type="checkbox"/> Required and attached <input type="checkbox"/> To be provided before approval |

## 8. RV Park or Mobile Home Park Supplemental Information

Complete this section for RV parks, mobile home parks, manufactured home communities, campground-style occupancy, tiny homes on wheels, rental spaces, or similar occupancy-based business uses.

|                                                      |                                                                                                                                                                                                                                                                  |
|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Type of Operation</b>                             | <input type="checkbox"/> RV Park <input type="checkbox"/> Mobile Home Park <input type="checkbox"/> Manufactured Home Community<br><input type="checkbox"/> Campground <input type="checkbox"/> Tiny Home on Wheels Spaces <input type="checkbox"/> Other: _____ |
| <b>Total Number of Spaces or Lots</b>                | RV Spaces: _____ Mobile Home Spaces: _____ Other Spaces: _____                                                                                                                                                                                                   |
| <b>Occupancy Type</b>                                | <input type="checkbox"/> Short-Term <input type="checkbox"/> Long-Term <input type="checkbox"/> Seasonal <input type="checkbox"/> Mixed                                                                                                                          |
| <b>Utilities and Services</b>                        | Water: _____<br>Sewer/Wastewater: _____<br>Trash/Snow Removal/Maintenance: _____                                                                                                                                                                                 |
| <b>Access, Parking, Fire, and Emergency Services</b> | Road access, internal circulation, parking, fire access, and emergency services plan: _____                                                                                                                                                                      |

## 9. Formula Business or Large-Scale Commercial Business Supplemental Review

Complete this section if the business is a formula business, franchise, chain, standardized business, large-scale commercial business, or other use that may materially affect Idaho City's historic character, infrastructure, traffic, parking, pedestrian safety, utilities, public services, or surrounding uses.

- ☐ The business is part of a franchise, chain, corporate, trademark, or standardized business arrangement.
- ☐ The business uses standardized signage, architecture, colors, decor, uniforms, menus, merchandise, services, or trade dress.
- ☐ The business may generate substantial traffic, parking demand, delivery activity, utility demand, or public service demand.
- ☐ The business involves new construction, expansion, relocation, substantial alteration, or a change in use.
- ☐ Planning and Zoning Commission review may be required.
- ☐ City Council review or final decision may be required.

**Supplemental statement:** Attach additional pages if needed. Explain how the proposed business is compatible with Idaho City's small-town character, historic district, infrastructure capacity, traffic circulation, parking, pedestrian safety, surrounding uses, and applicable development standards.

## 10. Applicant Acknowledgments and Certification

- ☐ I certify that the information provided is true, correct, and complete.
- ☐ I understand that submitting this application does not authorize operation until the City issues the license or permit.
- ☐ I understand that a City license or permit does not authorize any activity prohibited by zoning, building, fire, health, right-of-way, traffic, parking, sign, nuisance, or other applicable law.
- ☐ I understand that the license is valid only for the person or entity to whom it is issued and may not be sold, assigned, transferred, or conveyed.
- ☐ I understand that a new application is required for a change in ownership, location, business type, or material business activity.
- ☐ I agree to post or display the license as required by the City.
- ☐ I understand that the City may deny, suspend, revoke, or refuse renewal of a license for incomplete information or violation of applicable requirements.
- ☐ I understand that nonprofit rates apply only if nonprofit status is claimed and acceptable proof is provided to the City.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name and Title:** \_\_\_\_\_

## 11. For City Use Only

|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Date Received</b> _____           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Fee Category Selected</b>         | <input type="checkbox"/> Business Application <input type="checkbox"/> Annual Renewal <input type="checkbox"/> Late Fee <input type="checkbox"/> Carnival/Public Entertainment <input type="checkbox"/> Filming Permit <input type="checkbox"/> Mobile Food Truck Application <input type="checkbox"/> Mobile Food Truck Daily Permit <input type="checkbox"/> Mobile Food Truck Annual Permit <input type="checkbox"/> Vendor Daily <input type="checkbox"/> Vendor Annual <input type="checkbox"/> Nonprofit Vendor <input type="checkbox"/> Door-to-Door Solicitation <input type="checkbox"/> Other: _____ |
| <b>Fee Calculation</b>               | Application Fee: \$ _____ Permit/License Fee: \$ _____<br>Late Fee: \$ _____<br>Per-Day Fee: \$ _____ × _____ days = \$ _____<br>Per-Solicitor Fee: \$ _____ solicitors = \$ _____<br>Total Due: \$ _____                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Fee Paid</b>                      | \$ _____ Receipt No.: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Application Complete</b>          | <input type="checkbox"/> Yes <input type="checkbox"/> No Missing Items: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Required Attachments Received</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Additional Review Required</b>    | <input type="checkbox"/> No <input type="checkbox"/> Planning and Zoning <input type="checkbox"/> City Council <input type="checkbox"/> Health/Fire/Building/Zoning <input type="checkbox"/> Other: _____                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Decision</b>                      | <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved with Conditions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>If Denied, State Reason</b>       | _____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Conditions or Notes</b>           | _____<br>_____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>License Number</b>                | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Effective Date</b>                | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Expiration Date</b>               | December 31, _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

**City Clerk Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_