



Business License Application

City of Sugar City
10 E Center Street
Sugar City ID 83440
208-356-7561
Fax 208-359-2654

Date applied for _____ Home Occupation: Yes _____ No _____

ANNUAL FEES

Business License - Commercial with permanent presence inside city limits and/or

Home Occupation: **\$10** Commercial Occupation: **\$20**

Business License - Special Event/Seasonal/Temporary: **\$50**

Business License - Transient Solicitor: **\$250** initial, plus background check fees up to \$250.

BUSINESS NAME(Please Print)

Name _____

Located at (Address) _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Business E-Mail _____

Idaho Sales Tax Number _____ State License Number _____

Anticipated number of employees including self _____

OWNER

Name _____ Date of Birth _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Driver's License # _____ State _____

Previous Address _____ City _____ State _____

(If less than 2 years)

MANAGER AND/OR KEYHOLDER FOR EMERGENCIES (If different from owner)

Name _____ Date of Birth _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Driver's License # _____ State _____

Previous Address _____ City _____ State _____

(If less than 2 years)

BUSINESS DESCRIPTION

Please describe business and operation:

FOR DOOR TO DOOR SALES

Vehicle description on all vehicles used in the business.

YEAR	MAKE	MODEL	COLOR	LICENSE PLATE #	STATE

Door to door sales license fee with application is \$250.00. Additional fees may be charged based on additional costs incurred by the City in the processing of the application.

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Name & address of location to send business license: _____
Address _____ City _____ State _____ Zip _____

The undersigned hereby represents that he/she is the owner or the proprietor of the business mentioned in this application and for which a license is requested: that he/she accepts all regulations, terms, and conditions prescribed by ordinance pursuant to which said business is conducted.

As applicant for a City of Sugar City business license, I authorize the Madison County Sheriff's Department to conduct a background check and of Better Business Bureau records. I agree I will not hold the City of Sugar City and/or the Madison County Sheriff's Department responsible or liable for any damages and/or loss of potential income, which may result from said background check.

Please note: The signature(s) below must be notarized!

Applicant signature _____ Date _____

Applicant signature _____ Date _____

State of _____

County of _____

On this _____ day of _____, in the year of _____, before me _____, a notary public, personally appeared, _____ and proved to me on the basis of satisfactory evidence to be the person(s) whose name is/are subscribed to the within instrument and acknowledge to me that he/she/they executed the same.

My Commission Expires _____

<p><u>To all applicants:</u> Once your application is accepted & completed, your Business License will be mailed to you by the City Clerk.</p>
