

SUGAR CITY HALL  
P.O. Box 56  
10 E. Center  
Sugar City, ID 83448  
208-356-7561



Sugar City

FOR OFFICE USE:

License Type: \_\_\_\_\_

Payment Type: \_\_\_\_\_

Date Paid: \_\_\_\_\_

## Business License Application

Application Date: \_\_\_\_\_

### ANNUAL FEES:

General **Home** Business License (SCC 2-1-2 and 2-1-3) ..... **\$20.00**  
General **Commercial** Business License ..... **\$50.00**  
Initial City Review of Business Fee (for new businesses) ..... **\$25.00 one time**  
Business Application Processing Fee (for new businesses) ..... **\$25.00 one time**  
**Door to Door** Sales Solicitor's Permit per salesman ..... **\$500.00**  
**(\$250 + background check up to \$250)**  
Failure to get Business License (SCC 2-1-18) ..... **\$50.00 fine**

### BUSINESS INFORMATION (Please Print)

Name: \_\_\_\_\_

Located at (Address): \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: \_\_\_\_\_ Business Email: \_\_\_\_\_

Idaho Sales Tax #: \_\_\_\_\_ State License #: \_\_\_\_\_

Anticipated number of employees including self: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

### OWNER

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Personal Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(If less than 2 years)

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Personal Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

### **DETAILED** BUSINESS DESCRIPTION (Please describe business and operation):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_