



2135 S Ammon Road, Ammon, ID 83406  
 Phone: (208)612-4000 Fax: (208)612-4009  
 www.cityofammon.us

# GENERAL BUSINESS LICENSE APPLICATION

**FOR OFFICE USE ONLY:**

Permit #: \_\_\_\_\_  
 Clerk: \_\_\_\_\_ Date: \_\_\_\_\_  
 Building: \_\_\_\_\_ Date: \_\_\_\_\_  
 Fire: \_\_\_\_\_ Date: \_\_\_\_\_  
 Planning: \_\_\_\_\_ Date: \_\_\_\_\_  
 Public Works: \_\_\_\_\_ Date: \_\_\_\_\_

**BUSINESS INFORMATION**

**Name of Business:** \_\_\_\_\_ (as it appears on State ID Number)  
**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Business Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Type of Business Entity:** Individual: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_ **Sales Tax ID:** \_\_\_\_\_  
**EIN or Social Security Number:** \_\_\_\_\_ **State ID:** \_\_\_\_\_

**OWNER INFORMATION**

**Owner Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**ITINERENT BUSINESS ONLY**

**Please list items being sold:** \_\_\_\_\_

Please list names of individual, partners, or officers of a corporation below:

<u>NAME:</u>	<u>ADDRESS:</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Has the applicant (including all the partners and/or officers) or employees listed above ever been convicted of a felony? YES NO

If yes, please explain: \_\_\_\_\_

MOBILE VENDOR ONLY

Number of vehicles being used: \_\_\_\_\_

Please list the state and license plate number of each vehicle being used.

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

Have you paid any fine, been placed on probation, received a deferred sentence, received a withheld judgment or completed any sentence of confinement for any felony within five (5) years prior to the date of this application? YES NO

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

APPLICATION REQUIREMENTS

Has applicant ever had a license to conduct the business herein described denied or revoked? YES NO  
If yes, please explain: \_\_\_\_\_

Has the applicant (including all partners or officers) ever been convicted of a felony? YES NO  
If yes, please explain: \_\_\_\_\_

Does the business have an alarm system? YES NO  
If yes, through what company? \_\_\_\_\_ Phone: \_\_\_\_\_

Does this business sell fireworks? YES NO

Does this business have more than one (1) operation within the city limits? YES NO  
If yes, each business is required to be licensed separately.

**Please fill out the Parking Requirement Form on the final page of this application, and attach a copy of the completed floor plan.**

**BY SIGNING BELOW, THE APPLICANT AGREES:** To pay the General Business License fee of one hundred and twenty-five dollars (\$125.00).

**THE APPLICANT AFFIRMS THAT:** The above is a true and correct statement of the nature, place, ownership, and management of the business for which this application is made and of the qualifications and disqualifications of the applicant and business.

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

PARKING CALCULATION

**Business Type:** \_\_\_\_\_

**Current Zone:** \_\_\_\_\_

**Estimated Number of Employees** (on largest shift): \_\_\_\_\_

**Please attach the floor plan of the business. The floor plan must include the floor layout showing storage and office areas.**

OFFICE USE ONLY

**\*Number of parking spaces required:** \_\_\_\_\_ **Number of parking spaces provided:** \_\_\_\_\_

**\*Calculations from the parking requirement form**