City of St. Charles PO Box 58 St. Charles, Idaho (208)945-9636



BUSINESS LICENSE APPLICATION

Business Name: (Name entered here)				
Business Status:	New Business	License Fee: 202	3 Business Fee:	\$25.00
(check all that apply)	Existing Business		3	
11 //	☐ Name Change			
	Ownership Change			
	Location Change			
*PLEASE FILL IN ALL INFORMATION BELOW				
Business Address:	(Street)			
City, State	e & Zip:			
Business Phone:	•			
Cell Phone:				
Mailing Address:				
City, State	- & Zip:			
Website:				
E-Mail address:				
Owner Name:				
Owner Location:				
City, State	e & Zip:			
Phone:				
Cell Phone:				
Business Type:	Retail Lodg	ing \square	Restaurant	
200000 . , p c.	Professional Contr		Other	
List any h	azardous materials stored at your	_	o circi	
Briefly describe your business:				
Briefly describe your				
IDAHO STATE TAX COMMISSION SELLER'S PERMIT NUMBER:				
ID State Professional License No:				
Will you be installing		□ NO If ve	es, a sign application must be	filed
	<u> </u>			
This is an application for a business license that must pass ALL INSPECTIONS/APPROVALS. When completed your license will be issued to you. The issuance of said license shall in no way leave the applicant of his/her responsibility of				
complying with applicable zoning, health, building, or fire regulations.				
complying with appi	icable zorning, nearth, bollding, or	ille regulations.		
104/				
I/We,			business strictly in accordance	
Laws and Ordinances covering such business as stated in this application. I understand that I/We shall not begin nor				
cause to begin business at this location without first obtaining a business license and will not continue business				
without maintaining a valid Business License. I/We, also understand that all fees are non-refundable.				
Owners Printed Name:				
Owners Signature:				
OFFICIAL USE ONLY:			_	
City Council:	Approved Not A	pproved	Date:	
Comments:				
			License Number·	