

**CITY BUSINESS LICENSE APPLICATION
BONNERS FERRY, IDAHO**

Business Name: _____

Owner Name: _____

Mailing Address: _____

Physical Location: _____

Phone Number: _____

After Hours Phone Number: _____

Type of Business (give detailed description): _____

Check one of the following: Retail Wholesale Manufacturing Contractor Service

Mobile Vendor Other (specify) _____

Mobile Vendor Locations: _____

Ownership Status: Individual Partnership Corporation LLC

List Names, Addresses and Titles of Partners or Corporate Officers:

New Renewal

Applicant Signature; _____ Title; _____ Date; _____

*A new Business License must be obtained if ownership in the business changes, name of business changes or if the location of the business changes.

**Business Licenses must be renewed annually per City Ordinance 538.

OFFICE USE:

Fee Paid _____ Receipt No. _____ Approved; _____ Date; _____

License # Assigned _____ Date Issued; _____