



For quicker processing, please fill out front and back completely.

# CITY OF LEWISTON BUSINESS LICENSE APPLICATION

Please select one:  New Business  Business Ownership Change  Business Name Change  Business Location Change

Business Location: \_\_\_\_\_  
Street Address City, State, ZIP Code

This is a:  Commercial location  Residence  Business located outside of the City of Lewiston

**Commercial location:** Please complete and attach the Local Emergency Services Information sheet and a site/floor plan.  
**Residence:** Please complete and attach the Home Occupation Addendum and a site/floor plan.

## Business Information

Business Name (DBA): \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_  
Street Address City, State, ZIP Code

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

## Business Entity Information

Business Entity Type:  Sole Proprietor  Partnership  LLC  PLLC  Corporation EIN: \_\_\_\_\_  
Do not use Social Security Number

Complete if different from above information:

Business Entity Name: \_\_\_\_\_ Business Entity Phone: \_\_\_\_\_

Business Entity Address: \_\_\_\_\_  
Street Address City, State, ZIP Code

## Business Ownership Information

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Local Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of employees including yourself: \_\_\_\_\_

Business License Fee Due: \_\_\_\_\_

Refer to below fee schedule to determine amount due.  
New businesses located within the city limits of Lewiston pay ONLY \$1.00

### BUSINESS LICENSE FEE SCHEDULE EFFECTIVE OCTOBER 1, 2022

0-5 Employees	\$94.00	13 Employees	\$232.00
6 Employees	\$108.00	14 Employees	\$253.00
7 Employees	\$129.00	15 Employees	\$270.00
8 Employees	\$143.00	16 Employees	\$285.00
9 Employees	\$164.00	17 Employees	\$306.00
10 Employees	\$180.00	18 Employees	\$320.00
11 Employees	\$196.00	19 Employees	\$338.00
12 Employees	\$216.00	20+ Employees	\$358.00

### OFFICE USE ONLY

BUSINESS LICENSE NUMBER \_\_\_\_\_

REVIEW DUE DATE \_\_\_\_\_

BUILDING/ZONING \_\_\_\_\_

PRETREATMENT \_\_\_\_\_

FIRE DEPARTMENT \_\_\_\_\_

RECEIVED STAMP/DATE:

CASH CREDIT CHECK # \_\_\_\_\_

**Describe in detail the nature of your business including products sold, labor performed and/or services rendered.**

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**If you are required to obtain a professional or occupational license through a State of Idaho regulatory board for your profession, please provide that license number and expiration:** \_\_\_\_\_

Example: Contractors, architects, cosmetologists, physicians, etc. are all required to maintain licensure through their respective State of Idaho regulatory boards. Please note that the issuance of a business license may be postponed until the applicant has obtained their required professional or occupational license.

**We announce new Lewiston businesses on our website and/or social media. Would you like us to include the name of your business in these announcements?**      Yes      No

### LICENSE TERM, ANNUAL RENEWAL AND ACKNOWLEDGEMENT

Please allow at least 10 business days for the processing and issuance of your license. Licenses will be sent to the mailing address provided on the application unless otherwise requested.

I understand that the submittal of this application and fee does not entitle the applicant to engage in the business applied for until such application is approved and the business license is issued.

The license term is twelve (12) months from the date of license issuance unless otherwise stated on the face of the license. A renewal invoice will be sent at least 30 days prior to expiration of the license. It shall be the responsibility of the licensee to renew the license annually, within 30 days of the expiration date, whether or not a renewal notice was received.

I certify that the information given on this application is true, correct and complete to the best of my knowledge.

*Signatures must be that of a responsible party, including sole proprietor-owner, corporate officer, partner, managing member or agent.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Please return application and remit payment to:

City of Lewiston  
Attn: Business Licensing  
PO Box 617  
Lewiston, ID 83501

If you have questions about business licensing, call (208) 746-1318.

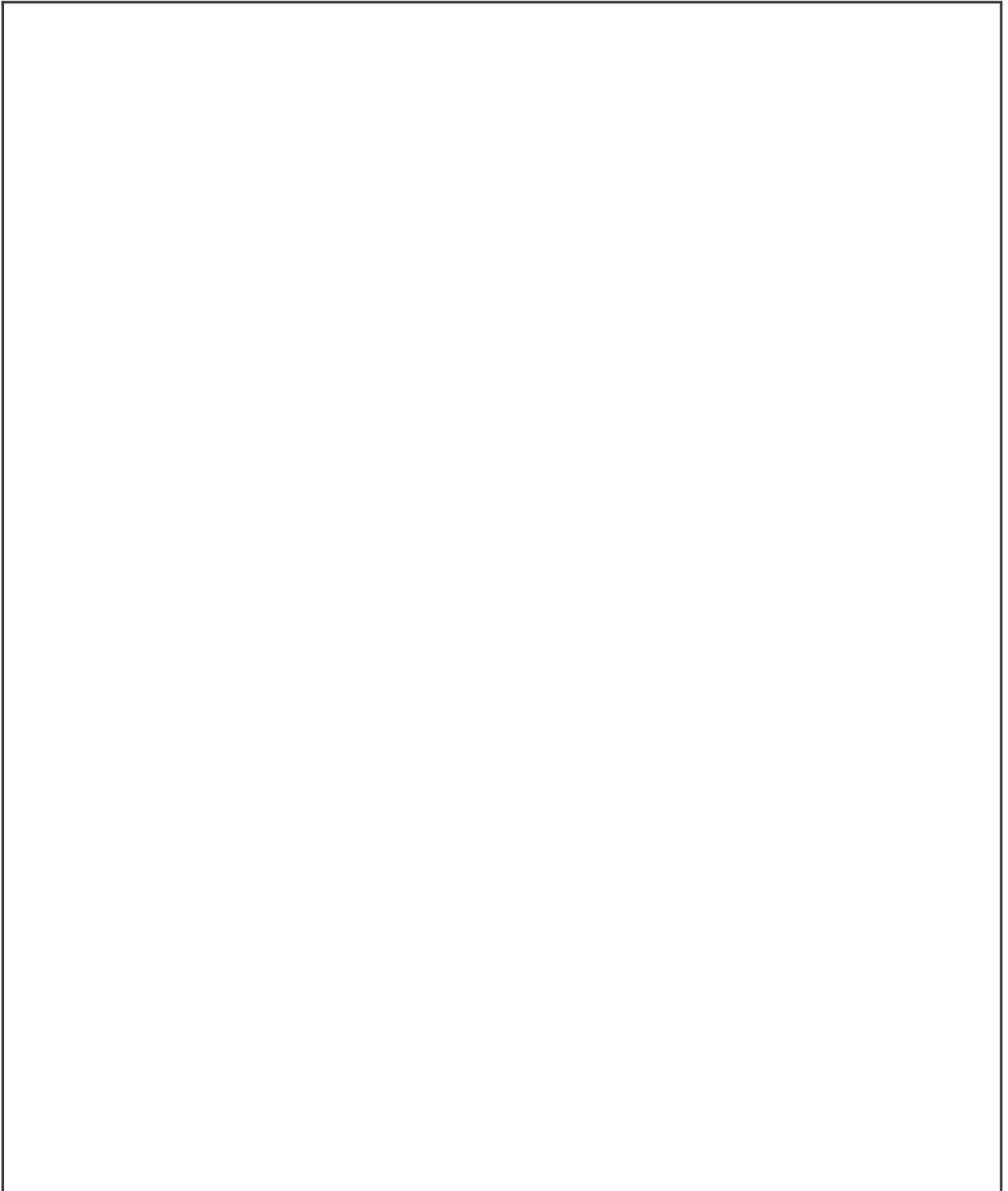
## BUSINESS LICENSE APPLICATION – HOME OCCUPATION ADDENDUM

This addendum is required for all home-based businesses located within the corporate city limits of Lewiston. It must accompany your application for a business license. Submit application and attachments to: City of Lewiston, Business Licensing, 215 D St or PO Box 617, Lewiston ID 83501.

1. What is the total number of persons who will be engaged in this business, including yourself? \_\_\_\_\_
2. How many of these persons engaged in your business DO NOT live at your home? \_\_\_\_\_
3. Do you own, rent or lease your residence? \_\_\_\_\_  
*If you do not own your residence, you are advised to contact the legal property owner or landlord for permission to operate a business from this location prior to submitting application for license. Acknowledge by initialing here \_\_\_\_\_*
4. Is there any other business operating from this residence?  Yes  No  
*If yes, what is the name of this business? \_\_\_\_\_*
5. Does your residence have an address plainly visible from the street?  Yes  No  
*Lewiston Fire Department requirements: Color of house numbers or letters must be of a contrasting color to the background of the house and at least 4 inches in height and visible from the street for emergency services.*
6. Will you have more than one person reporting to your home to receive work assignments, materials or payroll?  Yes  No  
*If yes, how many and explain reason: \_\_\_\_\_*
7. Will you use any building on your property that is not physically attached to your home for business use?  Yes  No  
*If yes, explain: \_\_\_\_\_*
8. Will you manufacture, assemble, display or sell products at your residence?  Yes  No  
*If yes, explain: \_\_\_\_\_*
9. Will you invite customers, clients or the general public to enter your residence for business purposes?  Yes  No  
*If yes, explain: \_\_\_\_\_*
10. Will you conduct business activities outside your home in the yard, carport, patio etc?  Yes  No  
*If yes, explain: \_\_\_\_\_*
11. Will you display a business sign or signs at your home or on your vehicle?  Yes  No  
*If yes, describe size and location (must not exceed 2 sq ft except on a vehicle): \_\_\_\_\_*
12. Will your business create additional traffic in your neighborhood?  Yes  No  
*If yes, explain: \_\_\_\_\_*
13. Will there be outside evidence of your business such as storage of commercial vehicles or equipment, stored materials, activities that create odor or dust etc.?  Yes  No  
*If yes, explain: \_\_\_\_\_*
14. At your home, will your business operation generate, discharge or produce a wastewater stream of any kind, or need to dispose of any wastewater other than from a bathroom?  Yes  No  
*If yes, explain: \_\_\_\_\_*
15. At your home, will there be any floor drains, trench drains, grease traps/interceptors, oil water separators or mop sinks?  Yes  No  
*If yes, explain: \_\_\_\_\_*
16. Will your business produce, use, process or store chemicals for commercial or industrial use, including but not limited to, cleaners, solvents, pesticides, fungicides, herbicides, etc?  Yes  No  
*If yes, explain: \_\_\_\_\_*
17. How much space inside your home will you use for business i.e. office, computer work area, record storage, work space, telephone, etc? \_\_\_\_\_SQ FT
18. If using another building on your property, how much space inside this building will you use for business i.e. equipment storage, work space, etc.? \_\_\_\_\_SQ FT
19. What is the overall total square footage of living area in your home? Include all levels. \_\_\_\_\_SQ FT

## RESIDENTIAL FLOOR/SITE PLAN

1. Draw the level of your residence where business activity will be conducted (main, basement, 2nd story).
2. Label rooms, dimensions, stairways, entry/exit locations.
3. Identify all areas inside and outside of residence to be used for business activities (office, work areas, parking of business vehicles, equipment, customer parking, etc.)

A large, empty rectangular box with a thin black border, intended for drawing a residential floor or site plan. The box is currently blank, providing space for the student to complete the assignment instructions.



# Lewiston Fire Department

*Fire Prevention Division*

## **Business License application - Fire Department Handout**

Thank you for choosing to do business in the city of Lewiston. We, at the Lewiston Fire Department are dedicated to the safety of you, your employees and our citizens! This handout is intended to help our business license applicants through the process.

The inspection is intended to confirm that the occupancy meets the minimum Fire Code requirements. The public has a right to expect that if a business is allowed to operate within the city limits, that they meet basic life safety requirements. Incomplete applications or applications lacking needed information will delay the licensing process and may prevent the license from being issued.

### **What do I need to complete my application?**

- Provide a detailed description of what is being done.
- Applications must include an accurate floorplan of the business and relevant fixtures, equipment and/or processes, and any other documentation pertinent to the application or building. Floorplans will not be accepted by the business licensing representative without door locations; direction of door swing and fire extinguishers location(s) being indicated.
- If occupying a commercial space, you will need to fill out an emergency contact information form with **local** contact information in case of an emergency event outside of normal working hours.

Now you are ready to submit your application for fire department review!

*Please note: it could take up to 15 days for the business license application to be processed and approved.*

### **What do I need prior to contacting the fire department for my inspection?**

*-Inspection items include but are not limited to the requirements listed below-*

- Address is posted to local standard and visible from the street, including suite numbers. If occupying a commercial space with a front and rear exits, the rear exit will also need to have the address posted.
- Current fire extinguisher 2A:10BC for most occupancies mounted and tagged within five (5) feet of the main entrance/exit. Additional fire extinguishers may be required based on occupancy. See table on the back of this form for additional information.
- If present, commercial hood, alarm and sprinkler system must have current service records.
- No electrical hazards present – Open junction boxes, over-loaded power strips, etc...  
*Note: Power strips are not intended to be used with appliances such as microwaves, coffee makers, refrigerators etc.*
- Any hazardous materials, flammable/combustible liquids, combustible materials are handled/stored appropriately and within allowable quantities.
- Exit doors and pathways are adequate and maintained.
- Emergency lighting and exit signage as required, or if already present must be operable.

*Normal inspection hours occur Monday through Friday 8am to 4pm. For additional information or clarification regarding fire department requirements, please contact our office at 208.743.3554.*



# Lewiston Fire Department

## *Fire Prevention Division*

When travel distances exceed 75 feet, more than one fire extinguisher will be required.

<b>Business Type:</b>	<b>Fire Extinguisher Type:</b>
General office, retail, professional services etc	2A:10BC
Commercial cooking operations	K Class
Motor vehicle repair and/or fuel dispensing	2A:20BC
Hazardous materials storage or use	Contact the Fire Department

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