



## BUSINESS LICENSE APPLICATION

Business Name: \_\_\_\_\_ Idaho State Sales Tax #: \_\_\_\_\_

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

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

Nature of Business: \_\_\_\_\_ Email Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### FEE SCHEDULE

#### RESIDENT (in City Limits)

- General Business License \$50.00
- Special Business License \$100.00
- Home Occupation License \$30.00

#### NON-RESIDENT

- General Business License \$100.00
- Special Business License \$200.00

- RENEWAL: \$5.00

I hereby certify that the information furnished by me on this application is true and complete to the best of my knowledge and I understand and will abide by the City of Marsing Business License Ordinance. I acknowledge that the statements and information furnished by me on this application are a matter of public record and are available for public review.

I understand that prior to approval of a Business License; the City of Marsing may also require additional licenses and/or inspection certificates and may request such documentation at their discretion.

Applicant Signature: \_\_\_\_\_

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

Return this completed application with the appropriate fee to:

City of Marsing  
PO Box 125  
Marsing, ID 83639

#### For Office Use Only

Total amount due: \_\_\_\_\_ Date paid: \_\_\_\_\_

Date approved by City Council: \_\_\_\_\_

Date business license issued by City Clerk: \_\_\_\_\_

\_\_\_\_\_  
City Clerk Signature

Business License # \_\_\_\_\_