



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 (resides 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

LATE FEE FOR RENEWAL \$25.00

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
208-896-4122
office@marsingcity.com

For Office Use Only

Total amount due: _____ Date paid: _____

Date approved by City Council: _____

Date business license issued by City Clerk: _____

City Clerk Signature