



# Business License Application

City of Sugar City  
10 E Center Street  
Sugar City ID 83440  
208-356-7561  
Fax 208-359-2654

Date applied for \_\_\_\_\_ Home Occupation: Yes \_\_\_\_\_ No \_\_\_\_\_

## ANNUAL FEES

Business License - Commercial with permanent presence inside city limits and/or  
Home Occupation: **\$10** Commercial Occupation: **\$20**  
Business License - Special Event/Seasonal/Temporary: **\$50**  
Business License - Transient Solicitor: **\$250** initial, plus background  
check fees up to \$250.

## BUSINESS NAME(Please Print)

Name \_\_\_\_\_  
Located at (Address) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Business E-Mail \_\_\_\_\_  
Idaho Sales Tax Number \_\_\_\_\_ State License Number \_\_\_\_\_  
Anticipated number of employees including self \_\_\_\_\_

## OWNER

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Driver's License # \_\_\_\_\_ State \_\_\_\_\_  
Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
(If less than 2 years)

## MANAGER AND/OR KEYHOLDER FOR EMERGENCIES (If different from owner)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Driver's License # \_\_\_\_\_ State \_\_\_\_\_  
Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
(If less than 2 years)

## BUSINESS DESCRIPTION

Please describe business and operation:

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**FOR DOOR TO DOOR SALES**

**Vehicle description on all vehicles used in the business.**

YEAR	MAKE	MODEL	COLOR	LICENSE PLATE #	STATE

Door to door sales license fee with application is \$250.00. Additional fees may be charged based on additional costs incurred by the City in the processing of the application.

\* \* \* \* \*

Name & address of location to send business license: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The undersigned hereby represents that he/she is the owner or the proprietor of the business mentioned in this application and for which a license is requested: that he/she accepts all regulations, terms, and conditions prescribed by ordinance pursuant to which said business is conducted.

As applicant for a City of Sugar City business license, I authorize the Madison County Sheriff's Department to conduct a background check and of Better Business Bureau records. I agree I will not hold the City of Sugar City and/or the Madison County Sheriff's Department responsible or liable for any damages and/or loss of potential income, which may result from said background check.

**Please note: The signature(s) below must be notarized!**

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_, before me \_\_\_\_\_, a notary public, personally appeared, \_\_\_\_\_ and proved to me on the basis of satisfactory evidence to be the person(s) whose name is/are subscribed to the within instrument and acknowledge to me that he/she/they executed the same.

My Commission Expires \_\_\_\_\_

**To all applicants: Once your application is accepted & completed, your Business License will be mailed to you by the City Clerk.**