

**CITY OF BONNERS FERRY, IDAHO
2016 APPLICATION
FOR CITY BUSINESS LICENSE**

License issued to: _____

Address: _____

Business Name: _____

Physical Location: _____

Mailing Address: _____

Phone Number: _____

After Hours Phone Number: _____

Type of Business (give detailed description): _____

Check one of the following: Retail Wholesale Manufacturing Contractor Service
 Other (specify) _____

Ownership Status: Individual Partnership Corporation LLC

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

Have you had a Business License before? Yes No If Yes, list previous business name & date started:

Applicant Signature _____ Title _____ Date _____

*A new Business License must be obtained if ownership in the business changes or if the location of the business changes.
**Business Licenses must be renewed annually per City Ordinance 538.

OFFICE USE:

\$25 Fee Paid _____ Receipt No. _____ Approved _____ Date _____

License # Assigned _____ Date Issued _____