



2018# _____

Business License Application & Renewal City of Lewisville, Idaho

Directions: Complete this form and return to the Lewisville City Clerk.

1. **Name of applicant** _____
2. Residence address _____
3. Mailing address _____
Telephone _____ e-mail _____
4. **Name of business** _____
5. Physical address in Lewisville _____
Mailing address if different _____
Business phone _____ e-mail _____
6. Business Owner(s) _____ Phone No. _____
Nature of business _____ Number of employees _____
7. Check one: Corporation___, Partnership___, Sole Proprietorship___,
Association___, Non-profit Organization___, LLC___
8. If incorporated, state of incorporation _____
9. If partnership, list names of partners _____
10. Are there any hazardous materials, chemicals or other flammable materials
stored in or at the facility? _____
If yes, provide a list _____
11. If non-profit organization, provide copy of Federal Tax Exempt
Certificate to City Clerk and list number here _____
12. If business is operated under a DBA or fictitious name, provide a copy
of your Certificate to the City Clerk and list volume number and page
where recorded _____
13. **Local emergency contact** _____

I certify that, under penalty of perjury, the above information is correct and complete to the best of my knowledge and belief. (Giving of false information will result in revocation of any license issued.)

Date _____

Signature of Applicant

(Do not write below this line)

Date received _____ By _____

Fee paid _____ Date _____

Council approval date _____

**City of Lewisville
PO Box 160
Lewisville, ID 83431
(208) 754-8608**