



City of Burley
 2020 Park Avenue
 P.O. Box 1090
 Burley, Idaho 83318
 : (208)878-2538 Fax: (208)878-253

OFFICE USE ONLY

Date Fee Paid: _____

Receipt No.: _____

APPROVED ___ DENIED ___

LICENSE NUMBER: _____

City Clerk

APPLICATION FOR
 COMMERCIAL BUSINESS LICENSE **\$25.00**

BUSINESS NAME: _____ PHONE: _____

BUSINESS LOCATION: _____
 (City, State, Zip Code)

BUSINESS MAILING ADDRESS: _____
 (City, State, Zip Code)

APPLICANT NAME: _____ PHONE: _____

EMAIL: _____ PERMISSION TO CONTACT VIA EMAIL
 YES NO

IF APPLICANT IS A PARTNERSHIP OR CORPORATION, LIST NAMES OF PARTERNERS OR OFFICERS

NAME: _____ ADDRESS: _____

NAME: _____ ADDRESS: _____

NAME: _____ ADDRESS: _____

TYPE AND DESCRIPTION OF BUSINESS: _____

_____ Applicant Signature _____ Date

Note: When applicable- before a license will be issued, a copy of the **Central District Health Department Certificate must accompany this application.**

Note: Issuance of a License is not intended as a determination that the applicant has met or complied with any or all of the applicant's legal obligations or requirements of operating the applicant's business. The issuance of a license shall in no way waive or reduce any legal obligation or responsibility of Licensee.

Required Signatures of Approval

Building Department (if applicable): _____ Date

Burley Rural Fire District: _____ Date

Note: There will be a \$25.00 application fee for all applications