

CITY OF MARSING
BUSINESS LICENSE APPLICATION

Business License No. _____

Date: _____ New Renewal

Business Name & Location:

Idaho State Sales Tax No. _____

Nature of Business:

Telephone Number(s) _____

Owner's Name & Address:

Business Mailing Address:

Telephone Number(s) _____

FEE SCHEDULE

RESIDENT

NON-RESIDENT

- General Business License \$50.00
- Special Business License \$100.00
- Home Occupation License \$30.00
- Late Fee (for renewals only) \$25.00

- General Business License \$100.00
- Special Business License \$200.00

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

For Office Use Only

Total amount due: _____ Date paid: _____

Date approved by City Council: _____

Date business license issued by City Clerk: _____

City Clerk Signature