



# BUSINESS LICENSE APPLICATION

APPLICATION FEE: \$125.00

## NOTES:

- Incomplete applications will not be processed and will be returned to the applicant.
- A separate license is required for each distinct physical location of your business.
- If your business moves to a new location, a new license will be required.
- Additional information may be requested by any department as required.
- If business is a food service business, a copy of the Idaho South Central Health District permit must be attached.

## GENERAL INFORMATION

Account #: \_\_\_\_\_

*Official use only.*

## BUSINESS BASICS

Business Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Email Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Manager Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Business hours: \_\_\_\_ a.m./p.m. \_\_\_\_ a.m./p.m., M T W TH F Sa Su

Type of Business (zoning determines if business type is permitted use): \_\_\_\_\_

Would you like to be listed on our website? Yes  No

If yes, please fill out the enclosed Online Business Directory form.

## EMERGENCY CONTACT NAME & PHONE NO.

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## PLANNING DEPARTMENT

Contact: **Becky Mead, 788-9815, ext. 20**

1. How many on-site parking spaces does your business have? \_\_\_\_\_ Are these spaces shared with other businesses in the same building/complex? Yes  No

Please refer to Hailey Zoning Ordinance Parking & Loading Spaces, Section 9.

2. Will you be either adding or changing an existing sign for this particular business?  
Yes  No

If yes, please complete a Sign Permit Application.

3. Will any outdoor areas of your business premises or the sidewalk in front of your business be used for sales, displays, vending stands, tables, seating, or storage?  
Yes  No

If yes, please attach a diagram of the business property showing the location of these areas in relationship to pedestrian traffic, parking, ingress, egress, disability access and structures (fences, sheds, building, tents, etc.).

## BUILDING DEPARTMENT / FIRE DEPARTMENT

Contact: **Building Department, Dave Ferguson, 788-9815, ext. 16**

**Fire Department, Mike Baledge, 788-3147**

1. Number of employees? \_\_\_\_\_  
2. Square footage of business? \_\_\_\_\_  
3. Do you intend to remodel or alter the exterior or interior space in any manner?  
Yes  No

If yes, please briefly describe the proposed improvements. \_\_\_\_\_

NOTE: A building permit will be required for improvements.

4. Please provide a simple floor plan showing the proposed placement of merchandising stands, racks, furnishings (i.e., desks), temporary walls, etc.  Attached  Unknown at this Time

NOTE: Permanent walls or built-in fixtures will require a building permit.

5. Are you a new tenant in an existing building? Yes  No

If yes, what type of business are you replacing? \_\_\_\_\_

NOTE: A change of occupancy (for example, retail clothing to restaurant), remodel or alteration, may require upgrades to meet code requirements for people with disabilities, or to meet other code requirements.

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7. Do you or will you use fats, oils or greases (FOGs) in your business? Yes  No   
If yes, describe how the spent FOGs are disposed of.

\_\_\_\_\_

8. Are grease, oil, or sand traps and/or interceptors present? Yes  No   
If yes, how often are they cleaned? \_\_\_\_\_

By whom? \_\_\_\_\_

Size of traps/interceptors \_\_\_\_\_

Location of traps/interceptors \_\_\_\_\_

If additives are used to dissolve fats, oils, greases, please list chemical \_\_\_\_\_

9. Do you or will you use chemicals/solvents in your business? Yes  No

Are these chemicals/solvents stored on site? Yes  No

Are any of these chemicals/solvents stored in  
containers exceeding 5 gallon capacity? (see note below) Yes  No

Is there secondary containment provided  
for these chemicals/solvents? Yes  No

**NOTE: If chemical is stored in 5 gallon or larger container, a copy of the MSDS (Material Safety Data Sheet) must be provided to the Hailey Wastewater Department.**

10. Do you have an accidental spill prevention plan? Yes  No

If yes, please attach a copy.

## HAILEY POLICE DEPARTMENT

Contact: Jeff Gunter, 788-3531

1. Would you like HPD to provide a security assessment? Yes  No

I certify that this document and all attachments were prepared under my direction or supervision, and the information submitted is, to the best of my knowledge and belief true, accurate and complete. Furthermore, I certify that all Fire Code requirements have been met. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment, and/or revocation of City of Hailey Business License, for knowing violation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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