



APPLICATION FEE: \$125.00

Sign Permit: +\$50.00

BUSINESS LICENSE APPLICATION OVERVIEW (pg 1)

- The average processing time for Business License applications is approximately two weeks.
- The city will do its best to expedite applications, but changes in occupancy, alterations, hazardous materials, or fire and life-safety concerns may require additional time.
- For best satisfaction, it is advisable that applicants receive approval of their application prior to leasing or purchasing a unit or building.
- A business license will be issued when each dept. has given its approval for the application.
- The previous tenant of the proposed location/space for the new business was a _____ (pg 3 on application).
- To help expedite, potential business license applicant(s) should meet with the following prior to submittal of their business license application to discuss specifics as they pertain:
 - Planning Coordinator (208) 788-9815
 - Discuss whether zoning and proposed use is appropriate for proposed location/space.
 - Building Official: (208) 788-9815 x. 16
 - Discuss whether proposed use is a change of occupancy, remodel or alteration because any of these may require upgrades to meet code requirements for people with disabilities or other code requirements
 - Discuss whether proposed improvements/upgrades (permanent walls or built in fixtures) require a building permit.
 - Fire Marshall: (208) 788-3147
 - Discuss whether proposed building/use satisfies Fire Code requirements such as fire extinguishers/inspections, exit routes and doors/locks, and whether the fire dept. will need to issue an operation permit.



APPLICATION FEE: \$125.00

Sign Permit: +\$50.00

BUSINESS LICENSE APPLICATION

Account #: _____

Official use only

NOTE: IT IS ADVISABLE THAT APPLICANTS RECEIVE APPROVAL OF THEIR APPLICATION(S) PRIOR TO LEASING OR PURCHASING A UNIT OR BUILDING.

- 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.

BUSINESS BASICS

Business Name: _____ DBA _____

Physical Address: _____ unit/suite #: _____

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

Description of type of business being conducted: _____

Square footage of the building/unit/space your business will occupy? _____

Total Employees: _____ Total FTE _____ Estimated Gross Monthly Payroll: \$ _____

*For economic development figures.

Target Opening Date: _____ **NOTE: an approved Business License is required prior to opening; the review process takes at least 2 weeks. Submit application at least 3-4 weeks prior to target opening date.**

Would you like to be listed on our website? No Yes If yes, please fill out an Online Business Directory form

EMERGENCY CONTACT NAME: _____ **PHONE:** _____

Official use only

RPH _____ Legal Description: _____ Sub, Block _____, Lot _____

Property Owner: _____ Address _____

Zoning District: _____ Applicable use category listed in Zoning District: _____

Business Activity: (NAICS 6 digit) _____ NAICS Activity Description _____

Use is: Permitted Conditional Use (Permit Req'd) Prohibited

Parking: On-site parking required for specific use: _____ # of parking provided _____

Sign Permit: Approved and on file Required N/A

PARKING, SIGNS AND USE OF SIDEWALKS

Contact: Community Development, Robyn Davis 788-9815 x 27

1. How many parking spaces are located on the property your business is located? _____
2. How many other businesses are located in the same building/complex? _____
3. Number of existing signs, including other businesses, on the building _____
4. Size of existing signs on the buildings _____
5. Length of the front of the building your business will occupy _____
6. If you are adding a new sign or changing an existing sign for your business, please attach the following (including this information, with an additional \$50 fee, will constitute a sign permit application):
 - A picture of the building or simple drawing showing the length of the front of the building and the location of the sign on the building or property.
 - Colored picture or drawing including: color(s) of sign, dimensions of all sign faces, descriptions of materials to be used, and manner of construction and method of attachment.
 - For portable signs, method of weighting or anchoring of sign.
 - For portable signs to be located within the public right-of-way, a site plan specifying the right-of-way, the adjacent property, and the location of the proposed portable sign.
 - A lighting plan for the sign, if applicable.

***Please have property owner sign below for any permanent signs to be attached to the principal building.

Signature: _____ Date: _____

7. 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 / FIRE

Contact: Building Official, 788-9815, ext. 16

Fire Marshal, 788-3147

1. Number of employees? _____
2. 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.

3. 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.

4. 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.

The following Fire Code requirements must be met:

1. A fire extinguisher having a minimum rating of 2A:20B; C must be installed in a visible and accessible location not to exceed 75 feet of travel distance. All fire extinguishers must be inspected and tagged annually; visual inspections of fire extinguishers are available free of charge through the Hailey Fire Department.
2. All exits and halls leading to the exit must be kept free of all obstructions. All exit door locking devices must be a single action type and cannot require keys or special knowledge to open the exit.
3. Some businesses involving industrial occupations such as welding, painting, etc., require an operational permit. Permits may be obtained through the Hailey Fire Department.

WASTEWATER

Contact: Wastewater Department, 578-2211

1. Do you or will you discharge anything other than domestic wastewater to the City wastewater system? Yes No
2. Will you be manufacturing a product that will produce metal or wood shavings, liquid or solid residues, or require a cooling bath or batch cleaning as part of the process?
Yes No

3. Please check all applicable uses existing currently in your business:

- Barber or Beauty Shop: # of chairs _____ # of stations _____
- Cafe or Restaurant: total # of dining seats _____
- Dentist: # of practitioners' _____
- Laundry: # of washing machines _____
- Manufacturing: type _____
- Hotel / Boarding House: # of rooms with cooking facilities _____
of rooms without cooking facilities _____
- Service Station: # of fuel pumps _____ # of restrooms _____
- Car Wash: # of bays _____
- School / Daycare: # of students _____

4. List the # of the following: toilets _____ sinks _____ floor drains _____

If floor drains are present, please describe where they are located:

Are floor drains connected to sewer _____ or dry (shallow injection) well _____

5. Does your business use a dishwasher or sterilizer? Yes No
If yes, what is the operating temperature? _____

6. Does your business use a waste food grinder? Yes No

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.

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: _____

If you are a food related business or childcare business contact:

South Central District Health, Bob Erickson, 208-788-4335, berickson@phd5.idaho.gov

Other State Inspectors:

State of Idaho Plumbing Inspector, Jason Guerber jason.guerber@dbs.idaho.gov 208-697-1047

State of Idaho Electrical Inspector, Larry Wharton, larry.wharton@dbs.idaho.gov 208-481-0069



Online Business Directory haileycityhall.org

This service is provided exclusively to businesses holding a valid City of Hailey business license.

If you are not already listed on the City of Hailey’s online business directory or if you would like to make changes to existing information, please fill out this form and fax it to (208) 788-2924, email it to planning@haileycityhall.org or mail it to the address at the bottom of the page.

Business Name: _____ **License No.:** _____

Website Address (for linking): _____ **Email Address:** _____

1. Check the category for your listing (choose up to three).

- | | |
|--|--|
| <input type="checkbox"/> Accounting/Bookkeeping | <input type="checkbox"/> Landscape Services |
| <input type="checkbox"/> Arts Organizations/Professional Theater | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Auto. Rentals, Repair & Maintenance | <input type="checkbox"/> Medical, Dental & Wellness |
| <input type="checkbox"/> Auto. Transportation & Shipping | <input type="checkbox"/> Nightlife & Entertainment |
| <input type="checkbox"/> Banks & Financial Services | <input type="checkbox"/> Pharmacies |
| <input type="checkbox"/> Communications & Technology Companies | <input type="checkbox"/> Photography & Film Development |
| <input type="checkbox"/> Community & Civic Organizations | <input type="checkbox"/> Pool & Spa Suppliers |
| <input type="checkbox"/> Construction & Related Services | <input type="checkbox"/> Property Management, Maintenance, Inspections |
| <input type="checkbox"/> Copy & Office Supplies | <input type="checkbox"/> Real Estate & Real Estate Appraisals |
| <input type="checkbox"/> Custom Furniture and Finishing | <input type="checkbox"/> Recreation & Fitness |
| <input type="checkbox"/> Day Care/Preschools | <input type="checkbox"/> Religious Organizations |
| <input type="checkbox"/> Dining | <input type="checkbox"/> Salons, Spas & Beauty Services |
| <input type="checkbox"/> Dry Cleaning, Laundry & Alterations | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Florists | <input type="checkbox"/> Sporting Goods |
| <input type="checkbox"/> Funeral Services | <input type="checkbox"/> Thrift Stores |
| <input type="checkbox"/> Galleries, Art Studios & Framing | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Groceries & Convenience Stores | <input type="checkbox"/> Welding & Repair |
| <input type="checkbox"/> Hotels/Motels/Inns/Bed & Breakfasts | <input type="checkbox"/> Wholesalers & Distributors |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Other: _____ |

2. (Optional) Write a description of your business in 25 words or less.

3. (Optional) Email a digital image of your business ****must be .jpg**, to planning@haileycityhall.org. Please reference your business name or license number in the email.

Authorized Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____