



## APPLICATION FOR CERTIFICATE OF BUSINESS REGISTRATION

No person shall maintain or operate any business, trade, or occupation within the corporate limits of the City of Rexburg without first obtaining a Certificate of Registration from the City of Rexburg and paying a general fee. Certificates of Registration shall be issued to each applicant complying with all applicable state laws and city ordinances.

### GENERAL INFORMATION

APPLICATION PURPOSE    New Business    Renewal    New Location    New Owner    Remodel    Other Change

LEGAL NAME OF BUSINESS \_\_\_\_\_

TRADE NAME (doing business as) \_\_\_\_\_ STATE TAX ID # \_\_\_\_\_

TYPE OF BUSINESS (Check One)    Sole Proprietor    Corp.    LLC    Partnership    Other \_\_\_\_\_

NATURE OF BUSINESS (Check all that Apply)    Manufacturing    Wholesale    Retail    Services    Food Services

Professional    Contractor/Trade    Rental (*Appendix A*)    Beer (*Appendix B*)    Fireworks (*Appendix C*)    Peddler, Solicitor,

Itinerant Merchant or Mobile Vendor (*Appendix D*)    Home Occupation (*Appendix E*)    Pawnbroker or Secondhand Dealer

(*Appendix F*)    Towing & Booting (*Appendix G*)    Wine (*Appendix H*)    Use of City Sewer (*Appendix I & J*)    Public

Transportation (*Appendix K*)

DESCRIBE IN DETAIL THE PRINCIPAL PRODUCT(S) OR SERVICE(S) RENDERED: \_\_\_\_\_

**Business Web Address:** \_\_\_\_\_

### CONTACT INFORMATION

APPLICANT'S DRIVERS LICENSE NO. \_\_\_\_\_ State \_\_\_\_\_

NAME OF OWNER/APPLICANT \_\_\_\_\_ Phone \_\_\_\_\_

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

NAME OF PROPERTY OWNER \_\_\_\_\_ Phone \_\_\_\_\_

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

AFTER HOURS EMERGENCY CONTACT \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

### SITE DESCRIPTION

ZONING APPROVAL: Date Obtained \_\_\_\_\_ Zoning Approval by: \_\_\_\_\_ (Contact City Hall at 359-3020 to obtain zoning and signage requirements)

PHYSICAL BUSINESS ADDRESS \_\_\_\_\_

**Please indicate if you approve providing this physical address, web address, and/or phone no. to the city's web site:**

Yes                      No

MAILING ADDRESS \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

SIGNAGE: Applicants wanting a sign must apply for a sign permit. Applications are at City Hall or at [www.rexburg.org](http://www.rexburg.org).

**DEVELOPMENT CODE REQUIREMENTS**

STAFF REVIEW: \_\_\_\_\_

Development Code Approval by: \_\_\_\_\_ (Contact City Hall at 359-3020 to obtain approval)

**WASTEWATER PERMITTING & BUILDING COMPLIANCE**

**What type of business will be performed?** \_\_\_\_\_

\*\*Will the business have food preparations? Yes No

\*\*Will there be any cooking of foods? Yes No

\*\*Will there be any deep fat frying? Yes No

\*\*Will you have food disposal on site? Yes No

Will there be any maintenance or mechanical work in the building? Yes No

\*\*Will there be sumps or floor drains in the facility? Yes No

Will the business require more parking? Yes No

\*\*Will the business have any chemicals on site? Yes No

Is this business occupying an existing building? Yes No

Will the business be doing any structural/or remodeling changes to the building? Yes No

Any changes to the electrical? Yes No

\*\*Any changes to the plumbing? Yes No

Is this business planned to be the same with different ownership? Yes No

Will there be a change of occupancy? Yes No

***I certify that the information that I have provided above is to the best of my knowledge accurate and true.***

**\*\*IF YOU ANSWERED YES TO ANY OF THESE QUESTIONS, PLEASE COMPLETE APPENICES I AND J.**

IMPORTANT: Incomplete or incorrect applications may result in delay or refusal of issuance of Certificate of Registration. Except where otherwise provided, the certificate year/term shall run from January 1<sup>st</sup> until December 31<sup>st</sup> of the same year. The certificate must be renewed yearly and the applicable fees must be paid yearly.

AS APPLICANT, I \_\_\_\_\_, DECLARE UNDER PENALTY OF PERJURY UNDER IDAHO STATE LAW **THAT ALL INFORMATION GIVEN IS TRUE AND CORRECT, AND I UNDERSTAND THAT ALL INFORMATION GIVEN IS SUBJECT TO VERIFICATION.**

Applicants Signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

\*PLEASE ATTACH ANY APPLICABLE APPENDIX (See general information above), AND ENCLOSE A CHECK FOR ALL APPLICABLE FEES MADE PAYABLE TO THE CITY OF REXBURG.

**OFFICE USE ONLY - APPROVAL CHECKLIST – PLEASE INITIAL**

\_\_\_\_\_ CODE REVIEW \_\_\_\_\_ ECON DEV \_\_\_\_\_ FIRE DEPT \_\_\_\_\_ CITY CLERK \_\_\_\_\_ WASTEWATER