



## 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 x. 27
    - 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  
if sign permit included: + \$30.00

# BUSINESS LICENSE APPLICATION

Account #: _____ Owner #: _____ <i>Official use only</i>
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**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: \_\_\_\_\_

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: \$ \_\_\_\_\_

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

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

**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, Kristine Hilt 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 \$30 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.
  - A copy of a State of Idaho Electrical Installation Permit for any internally lit or neon sign (Idaho Division of Building Safety (208) 334-3950 [http://dbs.idaho.gov/Permit\\_Forms/permit\\_app.pdf](http://dbs.idaho.gov/Permit_Forms/permit_app.pdf)).
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. \_\_\_\_\_

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**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.

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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](mailto:berickson@phd5.idaho.gov)

Other State Inspectors:

State of Idaho Plumbing Inspector, Bob Brown [bob.brown@dbs.idaho.gov](mailto:bob.brown@dbs.idaho.gov)

State of Idaho Electrical Inspector, Larry Wharton, [Larry.wharton@dbs.idaho.gov](mailto:Larry.wharton@dbs.idaho.gov)



## Online Business Directory [haileycityhall.org](http://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 [utility.billing@haileycityhall.org](mailto:utility.billing@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 [utility.billing@haileycityhall.org](mailto:utility.billing@haileycityhall.org). Please reference your business name or license number in the email.

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_