



BUSINESS LICENSE APPLICATION FOR DAYCARES

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

PLEASE COMPLETE 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 the 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? _____

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 HPD to provide a security assessment? No Yes

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

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RPH _____	Legal Description: Subdivision _____, 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 Required) _____ Prohibited _____

DAYCARE

Owner/Director’s Driver’s License #: _____ Social Security # _____

Please provide information on all child Care Staff members/volunteers:

FULL NAME	DRIVERS LICENSE #	DATE OF BIRTH

*******Please attach a copy of your Idaho State Child Care License*******

PARKING, SIGNS AND USE OF SIDEWALKS

Contact: Community Development, 788-9815 x 2015

1. How many parking spaces are located on the property where 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).

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, 788-9815, ext. 2027; Fire Marshal, Christian Ervin, 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: Bryson Ellsworth, 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 grease (FOGs) in your business? Yes No

If yes, describe how the spent FOGs are disposed of.

8. Are grease, oil, 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 chemicals. _____

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 a 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 believe 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, 208-788-4335

Other State Inspectors:

State of Idaho Plumbing Inspector, 208-697-1047

State of Idaho Electrical Inspector, 208-420-7409