



**APPLICATION FEE: \$164.00**

Sign Permit: +\$109.00

## **BUSINESS LICENSE APPLICATION OVERVIEW**

- 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 City Department has given its approval for the Application.
- The previous tenant of the proposed location/space for the new business was a \_\_\_\_\_.
- 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 to:
  - Community Development: (208) 788-9815 ext. 2027
    - Discuss whether zoning and proposed use is appropriate for proposed location/space.
  - Building: (208) 788-9815 ext. 2027
    - Discuss whether proposed use is a change of occupancy, remodel, or alteration. Any of these may require upgrades to meet 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 Hailey Fire Department will need to issue an Operation Permit.



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# BUSINESS LICENSE APPLICATION

<b>Account #:</b> _____ <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 Business License will be required.
    - Additional information may be requested by a City Department as required.
- If your 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 O T W O T H O F O S A O S U O

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 two (2) weeks. Submit Application at least 3-4 weeks prior to target opening date.**

**EMERGENCY CONTACT NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

<b>Official use only</b> 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: <input type="checkbox"/> Permitted <input type="checkbox"/> Conditional Use (Permit Required) <input type="checkbox"/> Prohibited Parking: On-site parking required for specific use: _____ # of parking provided _____ Sign Permit: <input type="checkbox"/> Approved and on file <input type="checkbox"/> Required <input type="checkbox"/> N/a
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## **PARKING, SIGNS AND USE OF SIDEWALKS**

**Contact:** Community Development, Planning at (208) 788-9815 ext. 2027

*(Please include the sign application and associated documentation for any sign permits.)*

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 building(s)? \_\_\_\_\_
5. Length of the front the building that 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 along with an additional 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 property.
  - A color rendering 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, dimensions of sign and method of weighting/anchoring the 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.
7. Will any outdoor areas of your business premises or the sidewalk in front of your business be used for sales, displaces, 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.).**

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

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

## BUILDING / FIRE

Contact: Building, (208) 788-9815 ext. 2027 and Fire Marshall, (208) 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.**

### 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, (208) 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 \_\_\_\_\_  
 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?
  - a) If yes, how often are they cleaned? \_\_\_\_\_
  - b) By whom? \_\_\_\_\_
  - c) Size of traps/interceptors? \_\_\_\_\_
  - d) Location of traps/interceptors? \_\_\_\_\_
  - e) If additives are used to dissolve fats, oils and greases, please list chemicals used  
\_\_\_\_\_
9. Do you or will you use chemicals/solvents in your business? \_\_\_\_\_
  - a) Are these chemicals/solvents store on site? \_\_\_\_\_
  - b) Are any of these chemicals/solvents store in containers exceeding five (5) gallon capacity?  
\_\_\_\_\_
  - c) Is there secondary containment provided for these chemicals/solvents? \_\_\_\_\_

**Note: If chemicals are stored in five (5) gallon or larger containers, a copy of the MSDS (Materials Safety Data Sheet) must be provided to the City of Hailey Wastewater Department.**

10. Do you have an Accidental Spill Prevention Plan? \_\_\_\_\_ (if yes, please attach).

*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: \_\_\_\_\_

**Other Items:**

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

South Central Health District:  
(208) 788-4335