



## City of Soda Springs Business License Application

**Business License Fee** - \$37.50 for (1-5) employees and \$5.00 for each additional employee to the maximum of \$100.00 Business licenses are good for one calendar year, November 1 - October 31. Fee is due by November 31<sup>st</sup> and considered delinquent if not renewed by January 15. **Traveling Concession Fee** - \$37.50 per day accompanied by permission in writing from property owner.

**Business Name:** \_\_\_\_\_

Soda Springs Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Emergency #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Owner Name:** \_\_\_\_\_ Driver's License # \_\_\_\_\_

Owner Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Manager Name:** \_\_\_\_\_ Phone #: \_\_\_\_\_

**Description or Nature** (this will appear on your business license): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Average # of employees annually: \_\_\_\_\_

**Circle One:** Corporation Partnership Sole Proprietor LLC

If you have taken over business that was licensed in Soda Springs, during the past year, please complete the following: Old Business Name: \_\_\_\_\_ License # \_\_\_\_\_

Date acquired: \_\_\_\_\_ Owner \_\_\_\_\_

*By signing below I certify that the information above is true and correct to the best of my knowledge and belief.*

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

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

**(For Office use only)**

Account/License #: \_\_\_\_\_ Owner #: \_\_\_\_\_ Zone: \_\_\_\_\_

Approved by: \_\_\_\_\_

Amount paid \$ \_\_\_\_\_ Receipt#: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Completed form can be mailed or faxed with your remittance to City Clerk 9 W 2<sup>nd</sup> S, Soda Springs, Id 83276, Fax # 208-547-2601 or e-mailed to [lyndal@sodaspringsid.com](mailto:lyndal@sodaspringsid.com)