



\*\*City Use Only

Business License \_\_\_\_\_

Sales Tax # \_\_\_\_\_

Date \_\_\_\_\_

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3192 Perry Avenue | P.O. Box 57-Tetonia, ID | Ph: 208-456-2249 | [www.tetoniaidaho.com](http://www.tetoniaidaho.com)

### BUSINESS LICENSE APPLICATION

No person or business shall engage in, prosecute or carry on a permanent or temporary business or vocation within the city until such license shall be obtained per Tetonia City Code Title 2, Chapter 1. Business Licenses are valid until the end of each calendar year.

**Application Purpose:** \_\_\_\_\_ New Business (\$25) \_\_\_\_\_ Renewal (\$20)

Check One: \_\_\_\_\_ New Location \_\_\_\_\_ New Owner \_\_\_\_\_ Temporary Business \_\_\_\_\_ Other Change

**Business Information:**

Business Name or DBA \_\_\_\_\_

Business Owner Name \_\_\_\_\_

Business Physical Address: \_\_\_\_\_

Do you own or lease this space for the business: \_\_\_\_\_ YES \_\_\_\_\_ NO.

If NO, please attach property owner's permission in the form of signature to this form or attach a copy of the lease.

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

Business Email Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Tax ID# \_\_\_\_\_

Type of Business: \_\_\_\_\_ Sole proprietor \_\_\_\_\_ Corp. \_\_\_\_\_ LLC \_\_\_\_\_ Partnership \_\_\_\_\_ Other

**Applicant Info:**

Applicant Name: \_\_\_\_\_

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

Applicant Phone Number: \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

\* If the applicant is not the property owner, a notarized statement of acknowledgment by the owner is required for residential zoning.

Emergency Phone Number and Contact Name: \_\_\_\_\_

APPLICANT'S DRIVER LICENSE NUMBER AND STATE: \_\_\_\_\_

**Tax Information:**

Is your business required to collect Idaho Sales Tax? \_\_\_\_\_ YES \_\_\_\_\_ NO.

If YES, please fill out the sections below. **Starting January 1, 2026, the City of Tetonian also requires the following taxes to be collected and remitted to the City.**

**The undersigned agrees to collect the following applicable local taxes (check all that apply):**

\_\_\_\_\_ One-half percent (0.5%) on all Retail Sales (all retail sales subject to taxation not included in the following three categories)

\_\_\_\_\_ One percent (1%) on all Prepared Foods (furnishing, preparing or serving food, meals or drinks directly consumed)

\_\_\_\_\_ Three percent (3%) on all Alcohol by the Drink (alcohol consumed on premises)

\_\_\_\_\_ Five percent (5%) on all Lodging (Hotels, Motels, Bed and Breakfast, Short Term Rentals, etc.)

The undersigned hereby makes application for a Municipal Non-Property Sales Tax Permit as required under Ordinance No. 2025-5 of the City of Tetonian, Idaho, and agrees to remit the above municipal tax using the same schedule as required for remittance of taxes to the Idaho State Tax Commission.

Tax will be remitted for each calendar: Month \_\_\_\_\_ Quarter \_\_\_\_\_ Year \_\_\_\_\_

Taxes are due on or before the 20th day of the succeeding month to the Tetonian City Clerk, PO BOX 57 Tetonian ID 83452.

**Business Description:**

DESCRIBE IN DETAIL THE PRINCIPAL PRODUCTS OR SERVICES RENDERED:

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NATURE OF BUSINESS (Check all that apply):

\_\_\_\_\_ Manufacturing \_\_\_\_\_ Wholesale \_\_\_\_\_ Retail \_\_\_\_\_ Services \_\_\_\_\_ Food

\_\_\_\_\_ Professional \_\_\_\_\_ Contractor/Trade \_\_\_\_\_ Rental \_\_\_\_\_ Beer \_\_\_\_\_ Wine

\_\_\_\_\_ Fireworks \_\_\_\_\_ Home Occupation \_\_\_\_\_ Towing \_\_\_\_\_ Peddler

\_\_\_\_\_ Public Transportation \_\_\_\_\_ Solicitor, or Seasonal \_\_\_\_\_ Chemical Storage

Approximate floor area of business \_\_\_\_\_

Business Location Zoning: \_\_\_\_\_

Design Review Overlay: \_\_\_\_ YES \_\_\_\_ NO

Related Zoning and/or Building Permits \_\_\_\_\_

DESCRIBE ANY PLANS FOR CONSTRUCTION/REMODELING- If applicable (a Building Permit may be required):

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Does your business discharge any wastewater other than domestic waste to the city sanitary sewer?

(Domestic waste includes restrooms, breakrooms, non-commercial kitchens, and employee showers)

☐ Yes ☐ No

Does the parking and access point serving your business comply with the requirements of the Americans with Disability Act (Please review the accessibility standards at [https://www.access-board.gov/ada/#ada208\\_1](https://www.access-board.gov/ada/#ada208_1))?

\_\_\_\_ Yes \_\_\_\_ No.

If not, what are your plans for providing the required accessible parking and access for your business?

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Business/ Liquor/ Beer License Number(s): \_\_\_\_\_

Number of employees: Full time \_\_\_\_\_ Part time \_\_\_\_\_ Seasonal \_\_\_\_\_

**The above information is true and correct to the best of my knowledge.**

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

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

Attachments (as applicable):

\_\_\_\_ Property owner consent/lease

\_\_\_\_ Site Plan showing parking, access, and/or outdoor storage areas

\_\_\_\_ Sign Permit application

**- CITY USE ONLY -**

File date: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Zoning Compliance Review: \_\_\_\_\_

Building Compliance Review: \_\_\_\_\_

Fire Marshal Inspection/Review: \_\_\_\_\_

Clerk Review: \_\_\_\_\_

Public Works Review: \_\_\_\_\_

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