



Application Fee: \$125.00

Sign Permit Fee : \$200.00

Business License Application Overview

- ✓ Prospective business owners must review the following information.
- ✓ **Incomplete applications will be denied and returned to the applicant.**
- ✓ An approved business license is required prior to opening. Please submit application at least 4 weeks prior to the target opening date.

General Requirements

- A new business license is needed if the business relocates, changes ownership, or is outside City limits, but will conduct business in Bellevue.
- Processing takes 2-4 weeks, and approval from each City Department is required.
- It is advisable that Applicants receive approval of their application prior to leasing or purchasing a unit or building.
- If your Business is a Food Service Business, a copy of the Idaho South Central Health District Permit must be attached.
- If your Business requires a state issued occupational license, please attach a copy to your application.

Fire Department Requirements

- Fire Inspections are mandatory, except for home offices.
- If you are remodeling your business, all remodels must be complete before an inspection is conducted
- Review the attached Fire Inspection Checklist

Planning and Zoning

- Certain businesses may not be permitted to operate in certain zones. Check with the Community Development Department if you have questions.
- Provide square footage, type of business, parking details, and any new signage plans.
- Submit a sign permit application if installing or changing a sign.
- Failure to provide the required information and failure to comply with applicable codes may result in a delay or denial of business licensure

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) 788-2128 ext. 8
 - Discuss whether zoning and proposed use is appropriate for proposed location and space
- Building: (208) 788-2128 ext. 8
 - 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 Department: (208) 481-2141
 - Discuss whether proposed building/use satisfies Fire Code Requirements. Some businesses involving industrial occupations such as welding, painting etc., require an operational permit which must be obtained through the Bellevue Fire Department.

Required Forms

- Business License Application
- Emergency Contact Form
- Sign Permit Application (if applicable)
- Beer, Wine & Liquor-by-the-Drink License Application (if applicable)
- Proof of Completion of Alcohol Awareness Training (if applicable)

Checklist

- Business License Application
- \$100 non-refundable Business License Application processing fee submitted to the City Clerk's Office in person or by mail at PO Box 825, Bellevue, ID 83313
- Emergency Contact Form
- Beer, Wine & Liquor-by-the-Drink License Application (if applicable)
- Fees associated with Beer, Wine & Liquor-by-the-Drink Application (if applicable)
- Proof of completion of Alcohol Awareness Training (if applicable)
- Sign Permit Application (if applicable)
- \$50 Sign Permit Application Fee (if applicable)



CITY of Bellevue Business License Application

BUSINESS CONTACT INFORMATION

Name of Business:	
Doing Business As:	
Business Physical Address:	
Business Mailing Address:	
Business Phone:	Business Email:
Business Website:	

PROPERTY OWNER INFORMATION

Name:	
Mailing Address:	
Phone:	Emergency Number:
Business Operated from your residence: Yes <input type="checkbox"/> No <input type="checkbox"/>	

BUSINESS OWNER INFORMATION

Name:	
Mailing Address:	
Phone:	Emergency Number:
State Sales Tax ID:	Federal ID:

BUSINESS MANAGER INFORMATION

Name:	
Mailing Address:	
Phone:	Emergency Number:

BUSINESS INFORMATION

Previous business name and type of use at this location:	
Describe proposed business operation and type of use:	
Proposed opening date:	Hours of Operation:
Days of Operation:	
Number of Employees: Full Time _____ Part Time _____	
Is this Business a: Daycare <input type="checkbox"/> Home Office <input type="checkbox"/>	
If this Business is a home office or daycare in the General Residential Zone , a Conditional Use Permit must be obtained before the issuance of Business License. Refer to Bellevue City Code Title 10 for more details.	

PLANNING AND ZONING INFORMATION

Number of square feet: _____

Number of Parking Spaces: Required: _____ Provided: _____

What zone will this business be located in: _____

Will you be adding or changing an existing sign for this business? Yes No

Will outdoor areas of your business premises or sidewalks in front of your business be used for sales, displays, vending stands, tables, seating or storage? If yes, explain. _____

How many other businesses are located in the same building/complex? _____

Do you intend to remodel or alter the space in any manner? _____

Note: A Building Permit will be required for improvements.

FIRE DEPARTMENT INFORMATION

Does the buiding have a: (check all that apply)

- Fire Sprinkler system Fire Extinguisher
- Commercial Cooking Hood Monitored Fire Alarm System

Will you be using or storing grease, oils, chemicals or hazardous material in your business? _____

Will you be manufacturing a product that will have shavings, liquid or solid residues, or require a cooling bath or batch cleaning as part of the process? _____

UTILITY INFORMATION

Answer the below questions if your business is a restaurant.

What is the number of seats? _____ Does your restaurant have a grease trap? _____

Do you or will you use fats, oils or greases in your business? Yes No

If yes, describe how they are disposed of: _____

Are floor drains connected to the sewer or dry well? _____

Please attach copy of Idaho South Central Health District inspection report.

Thank you for choosing to do business in Bellevue.

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 imprisonments, and/or revocation of City of Bellevue Business License, for knowing violation.

Applicant Signature

Date



City of Bellevue

Emergency Contact Form

Dear Store Owner and/or Manager,

We strive to provide you with excellent service, especially in case of after-hours emergencies. To assist us, please complete the form at the bottom of the page and submit it with your completed business license application. (If you are updating your contact list, you do not need to submit this with an application).

The form should include your business's correct physical address and the names and night phone numbers of keyholders who can respond in an emergency.

The information you provide is strictly for our emergency first responders and will not be shared publicly. If you have questions or concerns, you can contact us at (208) 788-2128 or email clerk@bellevueidaho.us.

Thank you for your cooperation.

Emergency Notification List *(please print all information legibly)*

Business Name Business Phone Number

Mailing Address & City Physical Street Address

Building Name and Unit Number **or** Description of Exact Location

Business Owner Name and Contact Information: List Home & Cell Numbers/Email Address

Business Security System Operator/Company (if applicable)

List of Emergency Contacts

	Name	Cell Phone #	Title
1			
2			
3			