

CITY OF SANDPOINT ✧ BUSINESS REGISTRATION APPLICATION

Reason for Application:       New\* Business                       Location Change                       New Owner(s)

*\* Even if the business is not "new", if it is new to Sandpoint, it is considered a "New Business" for purposes of registration.*

**NAME OF BUSINESS:** \_\_\_\_\_

Taxpayer Identification#: \_\_\_\_\_  
(EIN or other TIN issued by the IRS)

Business is also known as: \_\_\_\_\_

Date business will open: \_\_\_\_\_ ← (OR indicate date of location change or when new ownership will take effect)

↓ Business **Street** Address: \_\_\_\_\_

↓ Business **Mailing** Address: \_\_\_\_\_

Business Phone Number: (        )                      Business Fax Number: (        )

Business E-Mail Address: \_\_\_\_\_

Is business street address in Sandpoint city limits?     Yes  No    If **Yes**, please answer the questions below for Sandpoint locations only. If **No**, do not answer questions; proceed to "Business Entity Type".

What is square footage of Sandpoint business space? \_\_\_\_\_                      What is occupancy load of Sandpoint business space? \_\_\_\_\_  
(i.e., How many people can fit inside business space?)

How many people will be working at the business location? \_\_\_\_\_                      Will business be operated from a Sandpoint residence?  Yes  No  
(i.e., Is this a home occupation / home business?)

In what zone is the business located? \_\_\_\_\_                      Go to the Planning Dept. page on the City's website to view the zoning map or call the Planning Dept. for zoning information: (208) 263-3370.  
(Check zoning before opening your business!)

**Business Entity Type**

>> **How is this business filed with the Secretary of State's Office?** <<

- Assumed Business Name ("ABN")                       Limited Liability Company ("LLC")                       Partnership
- Corporation (Profit or Nonprofit)                       Other \_\_\_\_\_
- ← Check here if this business is an *out-of-state corporation* with a *Certificate of Authority* to conduct business in Idaho.

If business is located outside of Sandpoint & is registering in order to work on a specific project in Sandpoint, state name & address of project: \_\_\_\_\_

**Ownership/Management Information**

**INSTRUCTIONS:** If Business is an **ABN**, state name of Owner; if **LLC**, list name(s) of Member(s)/Manager(s); if business is a **Partnership**, list names of Partners; and if the business is a **Corporation**, list names of Directors, and also list names of Officers and their titles.

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

↓ Owner's **Mailing** Address (if different from Business Mailing Address): \_\_\_\_\_

If ABN, provide owner's cell/home/other phone numbers: (        )                      (        )

Name and Phone Number of local Emergency Contact (*other than owner*): \_\_\_\_\_

Type of Business:     Retail  Service  Professional  Manufacturing  Wholesale  Other \_\_\_\_\_

Describe product(s) and/or service(s) rendered: \_\_\_\_\_

- ← Check here if this business discharges, or has the potential to discharge, fats, oils, grease or anything other than domestic sewage into the sanitary sewer system.                       ← Check here if this business sells or stores flammable materials or liquids.

*I acknowledge that I have reviewed and agree to abide by Sandpoint Business and License Regulations, City Code Title 3, Chapter 11, and, if applicable, Title 9, Chapter 11, Sandpoint Home Occupation Regulations.*

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

PRINT Name: \_\_\_\_\_                      Title: \_\_\_\_\_

SUBMIT **COMPLETED APPLICATION** AND **\$25 REGISTRATION FEE** TO:  
CITY OF SANDPOINT, 1123 LAKE STREET, SANDPOINT, IDAHO 83864

*For City of Sandpoint Office Use Only*

Check # (or "Cash") \_\_\_\_\_ Reg. # \_\_\_\_\_

Receipt # \_\_\_\_\_ Date Registration Issued: \_\_\_\_\_

STAMP DATE RECEIVED

**Questions??** Call the City Clerk's office: **(208) 263-3317**

www.cityofsandpoint.com