

CITY OF SHELLEY

GENERAL BUSINESS
LICENSE APPLICATION

101 SOUTH EMERSON AVENUE
SHELLEY, IDAHO 83274
(208) 357-3390 FAX (208) 357-3998
Web Address: www.ci.shelley.id.us

(Please type or print clearly)

License Fee: \$25 annual fee for new applications;
\$5 annual renewal fee; and \$15 for new applications
after July 1st. *Late fees accrue after 15 days.*

- New Applicant:** fill in entire application, sign and date it, and submit with payment.
- Renewal Applicant:** fill in the top section only, *sign and date it below*, and submit with payment; if any other information has changed, please fill in the correct information.

Nature/Type of Business: _____
Business Name: _____
Street Address: _____

Business Mailing Address (if different from street address): _____

Bus. Phone: _____ Fax: _____ Emergency Phone: _____

Email address: _____

Date Business Established: _____

Owner Name: _____

Owner Address: _____

Bus. Phone: _____ Fax: _____ Emergency Phone: _____

Have you ever been convicted on a felony charge? (If yes, please explain.) Yes No

Manager/Contact Person (if different from owner): _____

Bus. Phone: _____ Fax: _____ Emergency Phone: _____

Is this a home Occupation (operated out of your residence)? Yes No

Signature: _____ Date: _____

Print name: _____

Office use: _____	Zoning OK? <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date: _____
Date Paid: _____	Amount Paid: \$ _____	

RELEASE OF INFORMATION

TO: _____

APPLICANT NAME: _____

DATE OF BIRTH: _____

OR Repository of Records:

SOCIAL SECURITY NO _____

NAME & ADDRESS OF AGENCY REQUESTING BACKGROUND INFO:

I hereby authorize any representative bearing this release or copy thereof, to obtain any information in your files pertaining to me including, but not limited to, personal history, credit records, criminal history records and driver's status. I hereby direct you to release such information upon request of the bearer. This release is executing with the full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is describe is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling it official responsibilities. I hereby release you, as the custodian of such records , and your employer, Idaho transportation department, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kin, which may at any time result to me, my heirs, family and associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

I hereby authorize the National Records Center, St Louis, Missouri, or other custodian of my military records to release. Information or photocopies from my military personnel, including a copy of my DD214, Report of Separation to: _____

Sign this the _____ day of _____, 20 _____

Signature in Full

PRINTED Signature in Full

NOTARY

State of _____)

County of _____)

On this _____ day of _____, 20 _____ before me, the undersigned notary public in and for sald State, personally subscribed to the within instrument and a acknowledge to me that he/she execute the same. IN WITNESS WHOEROF, I have hereunto set me hand and affixed my official seal the day and year in this statement first above written.

Notary Public in and for the State of _____

Residing in _____

My Commission Explres _____, 20 _____