



**CITY OF IONA**

3548 N. Main Street  
Iona, Idaho 83427

(208) 523-5600

[cityclerk@cityofiona.org](mailto:cityclerk@cityofiona.org)

**APPLICATION FOR BUSINESS LICENSE**

**Iona City Code §§ 4-1-1 through 4-1-4 [Application Fee: \$100 (\$50 renewal)]**

**APPLICANT INFORMATION**

Applicant's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

Applicant's Telephone: (\_\_\_\_) \_\_\_\_\_ State of Residence:  Idaho  Other: \_\_\_\_\_

**BUSINESS INFORMATION**

Business Name (incl. d/b/a): \_\_\_\_\_

Business:  Sole Proprietor  Partnership  LLC  Corporation  Other: \_\_\_\_\_

Business Telephone: (\_\_\_\_) \_\_\_\_\_ Entity Formed In:  Idaho  Other: \_\_\_\_\_

Principal Business Address: \_\_\_\_\_

Iona Location:  Same as Business Address  Other: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Zone of Iona Location:  A  R-A  R-1  R-T  R-2  C  I

Nature of the Business: \_\_\_\_\_

Is this a Home Occupation, as defined in Iona City Code § 11-1-5?  No  Yes

If so, what do you believe is the proper classification, per Iona City Code § 11-11-12?

Clerical\*  Service  Small Service\*  Merchandising  Small Merchandising\*  Manufacturing  Industrial

\*NOTE: Per Iona City Code § 4-1-1(C), under certain circumstances, these Home Occupation may not need a Business License.

Please attach any other information you wish to provide or that is requested by the City Clerk.

**I authorize and give consent for the City of Iona to obtain information regarding me either in writing or by telephone for purposes of a background check, including, but not limited to: local and national criminal background information, all 50 state sex offender registries, court records, and full address trace. I release any person or entity providing information of records in accordance with this authorization from any and all claims by me for compliance herewith. I certify (or declare) under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.**

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

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

**OFFICE USE ONLY**

Accepted by: \_\_\_\_\_

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

\$100 Fee Received  \$50 RENEWAL ONLY

Application Number: BIZL-\_\_\_\_\_

Background Check Temp. License Issued?  Yes  No

Council Meeting: \_\_\_\_\_