

CITY OF NEW PLYMOUTH  
P.O. Box 158  
301 N. Plymouth Ave.  
New Plymouth, ID 83655  
(208) 278-5338

**BUSINESS LICENSE APPLICATION**

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

PHONE: \_\_\_\_\_ BUSINESS ID # \_\_\_\_\_

LOCATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

OWNER: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

DRIVERS LICENSE \_\_\_\_\_ STATE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

MANAGER: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

DRIVERS LICENSE \_\_\_\_\_ STATE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

OWNERSHIP: \_\_\_\_\_ INDIVIDUAL \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_

PROPERTY OWNER'S NAME/ADDRESS: \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

GOODS/SERVICES OFFERED: \_\_\_\_\_

NO. OF EMPLOYEES \_\_\_\_\_ DATE BUSINESS BEGAN IN NEW PLYMOUTH \_\_\_\_\_

I (we) certify this statement of application to be true and correct.  
I (we) do hereby agree to abide by the Ordinances relative to such licensing and business operation withing the City of New Plymouth.

\_\_\_\_\_  
Applicant's Signature

OFFICE USE \_\_\_\_\_

Date received: \_\_\_\_\_ Fees Paid \_\_\_\_\_

Issued Denied \_\_\_\_\_ Business Address Zoning \_\_\_\_\_

Clerk's Signature \_\_\_\_\_

# New Plymouth Business Police Information

Business Name:	Owners Name:
Address:	Address:
Phone:	Phone:

Type of Business:

Emergency contact Person #1:	Address:	Phone:
Emergency contact Person #2:	Address:	Phone:
Emergency contact Person #3:	Address:	Phone:

Do you store any Hazardous Materials?	If yes What?	How big of Quantity?
---------------------------------------	--------------	----------------------

If your building has space can we use it, during an emergency situation?	List how or what would be helpful... (do you have bathrooms? How many <b>people or students</b> could you hold?)
--	--

Do you have any alarms? (what?)	Yes	Do you have any motion lights?	Yes	Do you have a guard or guard dog?	Yes
	No		No		No

Does the police department have a key to your business for emergency entries in our lock box?	Yes	Do You keep any lights on at night?	Yes	Should all your doors and windows be locked?	Yes
	No		No		No

Any other information:

Thank you for your Help.

Chief of Police

**Please return to City Hall**

Kay J. Moore