

CITY OF PRIEST RIVER

P.O. Box 415; 552 High Street
Priest River, Idaho 83856
(208) 448-2123
Fax: (208) 448-2232



Business Registration Application

Date: _____

Business Information:	
Name:	Phone Number:
Physical Address:	Mailing Address:
Email Address: <input type="text"/>	Website Address: <input type="text"/>
Owner Information (owner of the business, trade or profession):	
Name:	Phone Number:
Physical Address:	Mailing Address:
Agent Information (agent of the business designated by the owner as authorized to receive any notices):	
<input type="checkbox"/> Same as Owner Information	
Name:	Phone Number:
Physical Address:	Mailing Address:
Emergency Contact Information (designated by the owner to respond to emergencies at the business location):	
<input type="checkbox"/> Same as Owner Information <input type="checkbox"/> Same as Agent Information	
Name:	Phone Number:
Physical Address:	Mailing Address:
Description of the nature and purpose of the business, trade or profession:	

I swear, under penalty of perjury pursuant to Title 18, Chapter 54, Idaho Code, that the statements contained in the above application for a Business License are true and correct to the best of my knowledge.

Signature of Owner or Agent

*If applicable, a copy of the business's Idaho State Tax Commission Seller's Permit shall be submitted with the registration application.

Please check this box if you would like your business' information published to the City of Priest River's website.