

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.