

A Progressive Community

P.O. Box Z
120 Madison Street W.
Kimberly, Idaho
83341-1125



Phone: 208-423-4151
Fax: 208-423-4297
www.cityofkimberly.org

APPLICATION FOR BUSINESS LICENSE

Annual Fee: \$25.00

Date: _____

Business Name: _____

Business Type: _____ Tax ID #: _____

Physical Address: _____

Business Phone: _____ Emergency Phone: _____

City of Kimberly Zoning Designation: _____

Opening/Anticipated Opening Date: _____

Check one: Corporation ____ Partnership ____ Sole Proprietorship ____
Association ____ Non-profit Organization ____ Daycare ____
Home Occupation ____ (A City License may not be required; 17.02.010)

Please check if you **do not** wish your business information to be released to the public in the Kimberly Welcome Packet.

Rock Creek Fire Protection District Approval: _____
(must be signed by an authorized member of the RCFD, contact Mr. Jason Keller at (208) 423-4336)

RCFPD Comments/Conditions

Business Owner Name(s) 1). _____
2). _____
3). _____

Mailing Address: _____

Telephone: _____ E-Mail Address: _____

Signature: _____ Date: _____

FOR CITY HALL STAFF ONLY		
FEE PAID: _____	RECEIPT NO. _____	INITIAL _____