

**CITY OF MARSING**  
**BUSINESS LICENSE APPLICATION**

Business License No. \_\_\_\_\_

Date: \_\_\_\_\_  New  Renewal

Business Name & Location:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Idaho State Sales Tax No. \_\_\_\_\_

Nature of Business:

\_\_\_\_\_  
\_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

Owner's Name & Address:

\_\_\_\_\_  
\_\_\_\_\_

Business Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

\_\_\_\_\_

**FEE SCHEDULE**

**RESIDENT**

**NON-RESIDENT**

- General Business License \$50.00
- Special Business License \$100.00
- Home Occupation License \$30.00
- Late Fee (for renewals only) \$25.00

- General Business License \$100.00
- Special Business License \$200.00

I hereby certify that the information furnished by me on this application is true and complete to the best of my knowledge and I understand and will abide by the City of Marsing Business License Ordinance. I acknowledge that the statements and information furnished by me on this application are a matter of public record and are available for public review.

I understand that prior to approval of a Business License; the City of Marsing may also require additional licenses and/or inspection certificates and may request such documentation at their discretion.

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

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Return this completed application with the appropriate fee to:

City of Marsing  
PO Box 125  
Marsing, ID 83639

For Office Use Only

Total amount due: \_\_\_\_\_

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

Date approved by City Council: \_\_\_\_\_

Date business license issued by City Clerk: \_\_\_\_\_

\_\_\_\_\_  
City Clerk Signature