



CITY OF
REXBURG
America's Family Community

Office Use Only Registration No. ____

Fees Paid _____

SIC (NAICS) _____

APPLICATION FOR CERTIFICATE OF BUSINESS REGISTRATION

No person shall maintain or operate any business, trade, or occupation within the corporate limits of the City of Rexburg without first obtaining a Certificate of Registration from the City of Rexburg and paying a general fee. Certificates of Registration shall be issued to each applicant complying with all applicable state laws and city ordinances.

GENERAL INFORMATION

APPLICATION PURPOSE ☐ New Business ☐ Renewal ☐ New Location ☐ New Owner ☐ Remodel ☐ Other Change

LEGAL NAME OF BUSINESS _____

TRADE NAME (doing business as) _____ STATE TAX ID # _____

TYPE OF BUSINESS (Check One) ☐ Sole Proprietor ☐ Corp. ☐ LLC ☐ Partnership ☐ Other _____

NATURE OF BUSINESS (Check all that Apply) ☐ Manufacturing ☐ Wholesale ☐ Retail ☐ Services ☐ Food Services

☐ Professional ☐ Contractor/Trade ☐ Rental (*Appendix A*) ☐ Beer (*Appendix B*) ☐ Fireworks (*Appendix C*) ☐ Peddler,

Solicitor, Itinerant Merchant or Mobile Vendor(*Appendix D*) ☐ Home Occupation (*Appendix E*) ☐ Pawnbroker or Secondhand

Dealer (*Appendix F*) ☐ Towing & Booting (*Appendix G*) ☐ Wine (*Appendix H*) ☐ Use of City Sewer (*Appendix I & J*) ☐ Public

Transportation (*Appendix K*)

DESCRIBE IN DETAIL THE PRINCIPAL PRODUCT(S) OR SERVICE(S) RENDERED: _____

Business Web Address: _____

CONTACT INFORMATION

APPLICANT'S DRIVERS LICENSE NO. _____ State _____

NAME OF OWNER/APPLICANT _____ Phone _____

Address _____ Email _____

NAME OF PROPERTY OWNER _____ Phone _____

Address _____ Email _____

AFTER HOURS EMERGENCY CONTACT _____ Phone _____

Address _____

SITE DESCRIPTION

ZONING APPROVAL: Date Obtained _____ Zoning Approval by: _____ (Contact City Hall at 359-3020 to obtain zoning and signage requirements)

PHYSICAL BUSINESS ADDRESS _____

Please indicate if you approve providing this physical address, web address, and/or phone no. to the city's web site:

Yes _____ No _____

MAILING ADDRESS _____ BUSINESS PHONE _____

SIGNAGE: Applicants wanting a sign must apply for a sign permit. Applications are at City Hall or at www.rexburg.org.

DEVELOPMENT CODE REQUIREMENTS

STAFF REVIEW: _____

Development Code Approval by: _____ (Contact City Hall at 359-3020 to obtain approval)

WASTEWATER PERMITTING & BUILDING COMPLIANCE

What type of business will be performed: _____

**Will the business have food preparations? Yes____ No____

**Will there be any cooking of foods? Yes____ No____

**Will there be any deep fat frying? Yes____ No____

**Will you have food disposal on site? Yes____ No____

Will there be any maintenance or mechanical work in the building? Yes____ No____

**Will there be sumps or floor drains in the facility? Yes____ No____

Will the business require more parking? Yes____ No____

**Will the business have any chemicals on site? Yes____ No____

Is this business occupying an existing building? Yes____ No____

Will the business be doing any structural/or remodeling changes to the building? Yes____ No____

Any changes to the electrical? Yes____ No____

**Any changes to the plumbing? Yes____ No____

Is this business planned to be the same with different ownership? Yes____ No____

Will there be a change of occupancy? Yes____ No____

I Certify that The information that I have provided above is to the best of my knowledge accurate and true.****IF YOU ANSWERED YES TO ANY OF THESE QUESTIONS, PLEASE COMPLETE APPENDICES I AND J.**

IMPORTANT: Incomplete or incorrect applications may result in delay or refusal of issuance of Certificate of Registration. Except where otherwise provided, the certificate year/term shall run from January 1st until December 31st of the same year. The certificate must be renewed yearly and the applicable fees must be paid yearly.

AS APPLICANT, I _____, DECLARE UNDER PENALTY OF PERJURY UNDER IDAHO STATE LAW **THAT ALL INFORMATION GIVEN IS TRUE AND CORRECT, AND I UNDERSTAND THAT ALL INFORMATION GIVEN IS SUBJECT TO VERIFICATION.**

Applicants Signature_____
Phone_____
Date

*PLEASE ATTACH ANY APPLICABLE APPENDIX (See general information above), AND ENCLOSE A CHECK FOR ALL APPLICABLE FEES MADE PAYABLE TO THE CITY OF REXBURG.

OFFICE USE ONLY - APPROVAL CHECKLIST – PLEASE INITIAL_____
BUILDING DEPT. _____ ZONING DEPT. _____ FIRE DEPT. _____ CITY CLERK _____ COMPLIANCE OFFICER