

CITY OF ARCO BUSINESS LICENSE

Pursuant to Law, I hereby make application for a license to conduct business within the corporate limits of the City of Arco, Idaho at the place described below and tenders herewith the License Fees. The undersigned hereby certifies that the following is a true and correct statement of the nature, place, and ownership of the business for which application is made:

APPLICATION YEAR: JULY 1, 2025 – JUNE 30, 2026

NAME OF OWNER OR LESSEE:

NATURE OF BUSINESS:

BUSINESS NAME:

BUSINESS ADDRESS:

PHONE NUMBER:

LICENSE FEE: \$50.00

DATE OF APPLICATION:

Will your business operation include any welding or cutting? Acetylene, arc? ☐ Yes ☐ No

Does your facility have any manufacturing process, materials, equipment or products stored in an area that may come in contact with storm water runoff? ☐ Yes ☐ No

Will there be storage of more than 5 gallons of flammable liquid of any type? ☐ Yes ☐ No

Will your business operation include spray painting? ☐ Yes ☐ No

Will there be repair of vehicles beyond the simple exchange of parts? ☐ Yes ☐ No

Will you be selling/serving alcoholic beverages? If yes, what type of license? ☐ Beer ☐ Wine ☐ All alcohol

Will your operations include any processing, handling, storage or discharge of hazardous material? ☐ Yes ☐ No

Will you generate any hazardous waste at this site? ☐ Yes ☐ No

Will you be discharging any waste other than domestic waste to the sewer system? ☐ Yes ☐ No

Will there be any placement of new machinery, equipment or storage units outdoors or on the roof? If yes, what?

Will there be any noise above 80 decibels? ☐ Yes ☐ No

Will your business create any excess dust? ☐ Yes ☐ No

I hereby certify that the information provided on this form is true and correct to the best of my knowledge and ability. I acknowledge that applying for a business license does not guarantee the right to conduct any business activity that is in violation of any city code. All permits required from City must be obtained before the business activity will be allowed.

APPLICANT SIGNATURE:

OFFICE USE ONLY

APPROVED BY _____

DATE _____

LICENSE NUMBER _____

METHOD OF PAYMENT

- ☐ CHECK _____
- ☐ CASH
- ☐ CC