

**CITY OF ARCO, IDAHO**  
**SPECIAL BUSINESS LICENSE**  
**OR**  
**SPECIAL EVENT PERMIT**  
**APPLICATION / LICENSE**

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Name of licensee (if company name, include first and last name of responsible party)

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Nature of business to be licensed

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Physical location where business will be established (address / intersection)

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Date of application

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Fee amount

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Date of approval

**Approved**

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/s/ City Clerk

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/s/ Mayor

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/s/ Butte Co. Sheriffs office  
( n/a if not required by city council )

**EXPIRES:** \_\_\_\_\_

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