

**CITY OF COUNCIL
BUSINESS
LICENSE APPLICATION**

BUSINESS NAME: _____

BUSINESS OWNER NAME: _____

CELL/HOME#: _____

BUSINESS PHYSICAL LOCATION: _____

BUSINESS MAILING ADDRESS: _____

TELEPHONE NUMBER OF BUSINESS: _____

EMAIL ADDRESS: _____

BUILDING OWNER: _____ **PHONE #:** _____

TYPE OF BUSINESS (DESCRIPTION): _____

NUMBER OF EMPLOYEES: _____

BUSINESS LICENSE CHECKLIST

IS YOUR BUSINESS A HOME OCCUPATION? YES ___ NO ___

(You may need a Conditional Use Permit depending on the zoning of your location)

ARE YOU REGISTERED WITH THE IDAHO STATE TAX COMMISSION? YES ___ NO ___

WILL YOU HAVE TO REMODEL THE BUILDING TO OCCUPY THE SPACE FOR YOUR USE? YES ___ NO ___
(Permits may be necessary before the business can open to the public)

HAS SOUTHWEST DISTRICT HEALTH APPROVED ANY FOOD PREPARATION? YES ___ NO ___

**ARE THERE ANY HAZARDOUS MATERIALS, CHEMICALS, OR OTHER FLAMMABLE MATERIALS STORED
IN THE BUILDING? YES ___ NO ___**

IF YES, PLEASE LIST _____

IF YES, IN WHAT AREA OF THE BUILDING ARE THEY STORED? _____

**HAVE ALL WASTEWATER PRE-TREATMENT REQUIREMENTS BEEN APPROVED BY THE CITY OF COUNCIL?
YES ___ NO ___**

*****I certify that all information provided in this application is true and correct. I now agree to abide by all Council
Municipal Codes.**

BUSINESS OWNER SIGNATURE: _____ **DATE:** _____



Industrial User Survey

Instructions: This form must be filled out and signed by a responsible party. It will not be accepted without a signature. Explain the nature of your business, processes and raw materials used, and products made (if applicable).

After completed, print, sign, and return this form to the authority that sent it to you, either your municipality or DEQ:

Reporting to DEQ, send form to:

Idaho Department of Environmental Quality
 Terry Alber
 1410 N. Hilton Street
 Boise, ID 83706
terry.alber@deq.idaho.gov

Reporting to municipality, send form to:

(enter name, address, or email):

Business name

Type of business

Physical address

Mailing address

Phone number

Email address

Owner's name

Owner's phone number

Manager/operator's name

Manager/operator's phone number

Does your business produce or manufacture any products?

Yes

No

If Yes, does your business conduct any activities or perform any processes associated with these industries?:

- | | | |
|---|---|---|
| Airport deicing | Explosives manufacturing | Oil and gas extraction |
| Aluminum forming | Ferroalloy manufacturing | Ore mining and dressing |
| Asbestos manufacturing | Fertilizer manufacturing | Organic chemicals, plastics, and synthetic fibers (OCPSF) |
| Battery manufacturing | Glass manufacturing | Paint formulating |
| Canned and preserved fruits and vegetables | Grain mills | Paving and roofing materials (tars and asphalt) |
| Canned and preserved seafood | Gum and wood chemicals manufacturing | Pesticide chemicals |
| Carbon black manufacturing | Hospitals | Petroleum refining |
| Cement manufacturing | Ink formulating | Pharmaceutical manufacturing |
| Centralized waste treatment | Inorganic chemicals manufacturing | Photographic processing |
| Coal mining | Iron and steel manufacturing | Porcelain enameling |
| Coil coating | Landfills | Pulp, paper, and paperboard |
| Concentrated animal feeding operations (CAFO) | Leather tanning and finishing | Rubber manufacturing |
| Concentrated aquatic animal production (CAAP) | Meat and poultry products | Soap and detergent manufacturing |
| Construction development | Metal finishing | Steam electric power generating |
| Copper forming | Metal molding and casting | Sugar processing |
| Dairy products processing | Metal products and machinery | Textile mills |
| Dentistry | Mineral mining and processing | Timber products processing |
| Electrical and electronic components | Nonferrous metals forming and metal powders | Transportation equipment cleaning |
| Electroplating | Nonferrous metals manufacturing | Waste combustors |

If No, does your business discharge any wastewater other than domestic waste to the city sanitary sewer?

Yes

No

(Domestic waste includes restrooms, breakrooms, non-commercial kitchens, and employee showers)

If Yes to above, indicate which other types of wastewater are discharged to the city sanitary sewer:

Process wastewater:

Other wastewater:

Air pollution control
 Equipment washdown

Contact cooling
 Parts cleaning

Product washing
 Facility cleanup

Filter backwash

Boiler/tower blowdown
 Noncontact cooling

Storm water runoff

In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information provided in this questionnaire will be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR 2.

"I have personally examined and am familiar with the information submitted in this document. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment."

Signature

Date

NAICS/SIC Codes

DEQ Use Only

- 1.
- 2.
- 3.