

City of Driggs
Business Registration Form

Please complete and return this form along with a \$50 fee to the City of Driggs, P.O.Box 48, Driggs, ID 83422, as required by Ordinance 272-07. The Fire Marshall and the City of Driggs Building Inspector will inspect all businesses associated with a physical location prior to issuance of registration. All registrations must be renewed annually for a \$25 processing fee.

Name of Business: _____

Owner of Business: _____

Authorized Agent Completing Form: _____

Physical Address of Business: _____

Mailing Address of Business: _____

Business Phone: _____ Cell: _____ Email: _____

Name and Phone of Property Owner/Manager: _____

Mailing Address of Property Owner/Manager: _____

DESCRIBE THE NATURE OF THIS BUSINESS

Businesses selling items for human consumption must submit a copy of a State Health Certificate.

DESCRIBE ANY PLANS FOR CONSTRUCTION/REMODELING

A building permit and/or sign permit may be required.

Are you required to collect Idaho sales tax? _____

Will you sell beer, wine or alcohol? _____

Approximate floor area of business: _____

Number of employees or anticipated number: _____ Full time: _____ Part time: _____

Signature: _____ Title: _____ Date: _____

FOR STAFF USE

New Business registration Form is complete and submitted with fee. Date:_____Initials:_____

Remodeling plans will require a building permit: Yes No If Yes, date received_____

Remodeling plans and/or nature of business will require a recalculation of water and/or sewer hookup fees: Yes No

Proposed business will require a Conditional Use Permit: Yes No If Yes, date received_____

State Health Department Certificate Required: Yes No If Yes, date received_____

Resort Tax Application Required: Yes No If Yes, date received_____

Alcohol License Application Required: Yes No If Yes, date received_____

Fire Inspection: _____ Date:_____ Approved Rejected
Teton County Fire Marshall

Building Inspection: _____ Date:_____ Approved Rejected
City of Driggs Building Inspector

Public Works Inspection: _____ Date: _____ Approved Rejected
City of Driggs Public Works Director

P&Z Approved? Yes No Zone:_____ FID#_____

Comments:

BUSINESS REGISTRATION #_____ Date Issued: _____ Signed:_____
Driggs City Clerk