City of Kellogg		BUSINES	S DEVELOPN	IENT PERMIT		
			File#	<u></u>		
New Change in Informa	tion					
			Non-Refundable Fee: \$175.00			
Application Information:			*Note:Permit will not be issued the same day as the application receipt			
Name:	Phone #:		Cell #:			
Mailing Address:	City:		State:	_ Zip:		
Email:	Fax #:					
Business Information:		·				
Name:	Business Phone#:	<u></u>				
Business Site Address:			-			
Business Email:		Business Fax:				
Applicant Status: (circle one) Owner	Agent	Tenant	Contract Buyer			
Property Owner Information:						
Name:	Phone #:		Cell #:			
Mailing Address:	City:		State:	_ Zip:		
Email:						
Business Information Cont.:						
Business was established:	Number of Employ	ees (full and par	t time):			
Days of Operation:	Hours:					
Business Contact:	Emergency Contact:					
Emergency Phone:	Number of paved parking spaces:					

City of Kellogg Planning and Zoning Department 1007 McKinley Ave Kellogg, ID 83837 Phone: (208) 786-9131 Fax: (208) 784-1100 <u>kellogg.id.gov</u>

Business Development Permit Checklist:				
		e one)		
Site Plan, Plat Map and Floor Plan	Yes	No		
Agency Checklist (if applicable)	Yes	No		
Smoke Detectors (if public access)	Yes	No		
Fire Extinguishers (if public access)	Yes	No		
Breif Description of Type of Business and G	oods/Services that will	be Sold/Provide	d:	
TO THE REPORT OF THE PARTY OF		1. milina chikimad/		
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	nature		Date	,
Applicant's Signature Owner or Representative Sign Payment: Check #	FOR OFFICIAL US		Date	,
Applicant's Signature Owner or Representative Sign Payment: Check #	FOR OFFICIAL US		Date	
Applicant's Signature Owner or Representative Sign Payment: Check #	FOR OFFICIAL US		Date	
knowledgeApplicant's SignatureOwner or Representative Sign Payment: Check # Received By:	FOR OFFICIAL US	SE ONLY	Date Date Date	,