



City of Kellogg

**BUSINESS DEVELOPMENT PERMIT**

Non-Refundable Fee: \$175.00

\*Note: Permit will not be issued the same day as the application receipt

**Application Information:**

File# \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Cell# \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Business Information:**

Name: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Business Site Address: \_\_\_\_\_

Business Email: \_\_\_\_\_

**Applicant Status:**

**Owner**

**Agent**

**Tenant**

**Contract Buyer**

**Property Owner Information:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Business Information Cont'd:**

Date business was established: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Number of Employees (full and part time): \_\_\_\_\_

Date business will open: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Days of Operation: \_\_\_\_\_ Hours: \_\_\_\_\_

Business Contact: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Emergency Phone#: \_\_\_\_\_ Number of off street paved parking spaces: \_\_\_\_\_

**Business Development Permit Checklist:**

(circle 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

**Brief Description of Type of Business and Goods/Services that will be Sold/Provided:**

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I certify that all information, statements, attachments and exhibits transmitted herewith are true to the best of my knowledge

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

\_\_\_\_\_  
Owner or Representative Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

Fee Paid: Yes / No

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Initial

Shoshone County Fire #2 (Scott Dietrich) (208) 784-1188 \_\_\_\_\_

Public Works Director (Mike Fitzgerald) (208) 786-9131 \_\_\_\_\_

Occupancy Group: \_\_\_\_\_ Zoning: \_\_\_\_\_

Permit Approval and Certificate of Occupancy: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_