

**CITY OF MOUNTAIN HOME
APPLICATION FOR CITY LICENSE**

APPLICATION IS HEREBY MADE FOR THE FOLLOWING LICENSE (Please check license applying for below) (License expires on December 31st of each Year)

_____ Airport \$ _____ (Proof of Ins. Needed)	_____ Carnival \$ _____ (Proof of Ins. Needed)
_____ Antique/2nd Hand Store \$ _____	_____ Coin-Operated \$ _____ Machines
_____ Kennel \$ _____	_____ Fireworks \$ _____ (Proof of Ins. Needed)
_____ Transient Merchant \$ _____	_____ Taxicab \$ _____ (Proof of Ins. Needed)
_____ Pawnbroker \$ _____	

APPLICANT INFORMATION: (all questions must be answered completely)

Name: _____
Address: _____
Phone: _____
Date of Birth: _____ Driver's Lic. # _____
Place of Birth _____
Hair: _____ Eyes: _____ Height: _____ Weight: _____

Prior residence for last 10 years _____

Nature of Business or goods to be sold or services to be performed:

Please list the place of Manufacture or Production of Goods to be offered for sale, the present location of such goods and the proposed method of delivery:

Location of premises: _____

Length of time needed: _____

BUSINESS INFORMATION OR EMPLOYER:

Name of Business: _____
Business Address: _____
Business Phone: _____
Owner of Business if Different from Applicant: _____
Home Address: _____
Home Phone: _____

Manager or Operator of Business if different from owner: _____
Phone: _____

Prior employment of Applicant for last 10 years _____

If business is a partnership, corporation or association, provide the names(s) and addresses of the partners, members or directors _____

CRIMINAL HISTORY: Have you ever been convicted of a misdemeanor or felony crime? _____. If your answer is yes, give dates, places, offenses and dispositions:

IF APPLYING FOR A KENNEL LICENSE ANSWER THE FOLLOWING QUESTIONS:

For each Animal you are applying for: (Copy of Proof of Rabies Vaccination Required)

Name _____ Spayed/Neutered Y/N
Species _____ Breed _____ Color _____ Sex F/M Age _____

Name _____ Spayed/Neutered Y/N
Species _____ Breed _____ Color _____ Sex F/M Age _____

Name _____ Spayed/Neutered Y/N
Species _____ Breed _____ Color _____ Sex F/M Age _____

Name _____ Spayed/Neutered Y/N
Species _____ Breed _____ Color _____ Sex F/M Age _____

Name _____ Spayed/Neutered Y/N
Species _____ Breed _____ Color _____ Sex F/M Age _____

Name _____ Spayed/Neutered Y/N
Species _____ Breed _____ Color _____ Sex F/M Age _____

Name _____ Spayed/Neutered Y/N
Species _____ Breed _____ Color _____ Sex F/M Age _____

Name _____ Spayed/Neutered Y/N
Species _____ Breed _____ Color _____ Sex F/M Age _____

Name _____ Spayed/Neutered Y/N
Species _____ Breed _____ Color _____ Sex F/M Age _____

IF APPLYING FOR A PAWNBROKERS LICENSE ANSWER THE FOLLOWING QUESTIONS: (Circle Answer)

1. Is applicant over the age of 21 years? yes or no
2. Is applicant a citizen of the United States? yes or no
3. Was applicant a bona fide resident of the State of Idaho for a least 12 months preceding the filing of this application? yes or no
4. Has applicant, or any of its members, officers or governing board, within 5 years prior to filing of application, been convicted of any violation of the United States, the State of Idaho, or any other state to title or ownership of personal property? yes or no

IF APPLYING FOR A TAXICAB LIC. ANSWER THE FOLLOWING QUESTIONS:

For each vehicle you are applying for:

Make _____	Year _____	Model _____	VIN # _____	License # _____
Make _____	Year _____	Model _____	VIN # _____	License # _____
Make _____	Year _____	Model _____	VIN # _____	License # _____
Make _____	Year _____	Model _____	VIN # _____	License # _____
Make _____	Year _____	Model _____	VIN # _____	License # _____
Make _____	Year _____	Model _____	VIN # _____	License # _____

IF APPLYING FOR AN AIRPORT LICENSE ANSWER THE FOLLOWING QUESTIONS AND REVIEW THE REQUIREMENTS LISTED BELOW: (By signing this application you agree that you have read and will follow all of these requirements)

1. Type and Quantity of Aircraft to be used: _____
2. Services required from the Airport: _____

REQUIREMENTS FOR ISSUANCE OF AIRPORT LICENSE:

1. Proof of Liability Insurance in the amount of at least \$1,000,000.00 will need to be provided before license can be issued and it should also list the City of Mountain Home as an additional insure;
 2. Operator is responsible for any spill and cleanup on Airport Property;
 3. Pilots will be responsible to fly normal traffic patterns at all times;
 4. Pilots will be required to use normal VHF communication coming and going from the airport;
 5. Company representative is required to appear before the Airport Advisory Board before License can be issued, unless waived by the Board Chairman.
-

I do hereby state that all of the statements made herein are true and correct to the best of my knowledge and I agree to abide by any requirements so listed.

Signature of Applicant

Date

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public or City Clerk

FOR OFFICIAL USE ONLY

Reviewed by Airport Board (If Airport Lic.) YES ___ NO ___ Date_____

Reviewed by Chief of Police YES ___ NO___ Date_____

Reviewed by Building Official YES ___ NO___ Date_____

Approved by City Council YES ___ NO___ Date_____

Approved by Mayor Date_____

Issued by Date_____

City License Number Issued_____

Proof of Liability Insurance given: _____ **(NEEDED FOR TAXI CAB, AIRPORT,
FIREWORKS & CARNIVAL LICENSES)**
