

APPLICATION FOR BUSINESS PERMIT
City of Caldwell Planning and Zoning Department
621 E. Cleveland Blvd., Caldwell, ID 83605
Phone: (208) 455-3021

PROPERTY OWNER: _____ PHONE: _____

PROPERTY OWNER ADDRESS: _____ City, State, Zip: _____

BUSINESS OWNER NAME: _____ PHONE: _____

BUSINESS OWNER ADDRESS: _____ City, State, Zip: _____

BUSINESS OWNER EMAIL: _____

NAME OF NEW BUSINESS: _____ BUSINESS PHONE: _____

TYPE OF NEW BUSINESS (explain the use of the business): _____

BUSINESS ADDRESS: _____ City, State, Zip: _____

ANTICIPATED OPENING DATE: _____

PREVIOUS BUSINESS (explain the use of the previous business): _____

PREVIOUS BUSINESS NAME: _____

PREVIOUS OWNER NAME: _____

PREVIOUS BUSINESS ADDRESS (if applicable): _____

I understand that no business activities or operations can take place until the Business Permit has been issued by the Planning and Zoning Department. I understand that provisions of ordinances and laws governing this type of business and land use will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other federal, state or local laws regulating the business, building and/or land use.

BUSINESS OWNER SIGNATURE _____ DATE _____

PLEASE CHECK WITH THE CALDWELL BUILDING DEPARTMENT FOR ANY BUILDING REQUIREMENTS PRIOR TO OCCUPYING THE BUILDING.

For Office Use Only

Date Application Received: _____

Address Verification: _____

Date Permit Issued: _____

Use and Zone: _____

Business Permit Number: BP- _____