

**CITY OF MALAD
BUSINESS LICENSE APPLICATION**

Business License Fee \$10.00 (one time)

1. Business Name: _____

2. Malad Business Address: _____

3. Mailing Address: _____

4. Business Phone # _____

5. Owner Name: _____

6. Owner Address: _____

7. Owner Phone # _____

8. Manager Name: _____

9. Manager Address: _____

10. Check One: Corporation _____ Partnership _____ Sole Proprietor _____

11. Nature of Business: _____

12. Average number employees during previous year _____

I CERTIFY THAT THE INFORMATION ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature _____ Title _____

NOTE: Complete this form and mail with your remittance to City Clerk, 59 Bannock St., Malad, ID 83252. Phone (208) 766-4160