



**BOISE CITY**

**EATING AND DRINKING  
LICENSE APPLICATION**

**OFFICE USE ONLY**

DATE \_\_\_\_\_

CITY LICENSE # \_\_\_\_\_

NEW  RENEWAL

**CENTRAL DISTRICT HEALTH DEPT. PERMIT**  
(REQUIRED FOR BOTH NEW AND RENEWAL APPLICANTS)

**ASSEMBLY PERMIT** (OCCUPANCY OF 50 OR MORE)

**NON REFUNDABLE FEES:**

LICENSE ..... \$ 31.00

ASSEMBLY PERMIT ..... \$ 110.00 (required for occupancy of 50 or more)

PROCESSING..... \$ 1.50

**TOTAL FEES DUE** ..... \_\_\_\_\_

**LICENSE EXPIRES ANNUALLY DECEMBER 31ST**

A COPY OF THE CURRENT CENTRAL DISTRICT HEALTH DEPARTMENT  
PERMIT **MUST** BE INCLUDED WITH ALL APPLICATIONS.

NAME OF BUSINESS \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

PHYSICAL LOCATION \_\_\_\_\_  
Street City Zip

MAILING ADDRESS \_\_\_\_\_  
(if different from above) Street City Zip

OWNER/MANAGER NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
First Last

RESIDENCE ADDRESS \_\_\_\_\_  
Street City Zip

EMAIL ADDRESS \_\_\_\_\_

**TYPE OF BUSINESS:**

\_\_\_\_\_ RESTAURANT

\_\_\_\_\_ MOBILE UNIT

\_\_\_\_\_ BAR

\_\_\_\_\_ CONVENIENCE STORE

\_\_\_\_\_ CAFETERIA

\_\_\_\_\_ BAKERY

\_\_\_\_\_ CATERER

\_\_\_\_\_ OTHER (describe)  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF OWNER/MANAGER

\_\_\_\_\_  
DATE