



City of Ketchum  
City Hall

### **BUSINESS LICENSE APPLICATION OVERVIEW**

All prospective business owners applying for a City of Ketchum Business License should take the time to review the below information. An incomplete application will result in the immediate denial of a business license until a complete application is turned in.

#### **General Overview**

- A Business License is required for each premise located within the City of Ketchum in which any person is engaged in any business or occupation.
- A License is required for each separate location of a business.
- A new Business License Application is required if the business has relocated within Ketchum City limits.
- If your business is experiencing a change of ownership, you must submit a new Business License Application.
- If your business is not located within Ketchum City limits but you'd like a Business License through the City of Ketchum, you must pay the required fee and go through the typical approval process.
- The average processing time for a Business License Application is approximately two to four weeks.
- A Business License will be issued when each department (Waste-Water Department, Fire Department and Planning and Zoning) has given its approval for the application.
- Before applying, an applicant must confirm the business they are applying for is permitted in the location they are interested in by checking the GIS website provided in the "Planning and Zoning Requirements" section.
- To help expedite the process, each applicant shall fill out the required forms below with as much information as possible and submit them with the required fee.

#### **Fire Department Requirements**

- A fire inspection is required for every licensee applicant except for home offices.
- If your business is a daycare, a fire department daycare inspection is required.

- If you are remodeling your business, all remodels must be complete before an inspection is conducted.
- A fire sprinkler system and a monitored fire alarm system are required to have an annual inspection.
- If your building has a fire sprinkler system, fire alarm monitoring system, commercial cooking hood, and/or a fire extinguisher, you are required to have a Knox box.
- The form that the Fire Marshall uses to complete his inspections is attached for your reference. Please take time to review it as it will expedite the process.
- Failure to comply with applicable codes may result in a delay or denial of business licensure.

### Planning and Zoning Requirements

- P&Z needs to know the zoning district in which you plan to operate your business. To locate that zone, go to the following link and search for the address:  
<https://maps.co.blaine.id.us/jsapi/KetchumInfoMap.html>
- Certain businesses may not be permitted to operate in certain zones.
- The number of square feet, type of business you plan on operating, number of on-site parking spaces (along with a site plan showing parking spaces) and addition or change of an existing sign are required for review.
- If you wish to have a sign installed for your business, you must submit a Sign Permit Application to the Planning and Building Department.
- Failure to provide required information and failure to comply with applicable codes may result in a delay or denial of business licensure.

### City Sales Tax

- The City of Ketchum imposes a local option tax (LOT) on retail sales within the City of Ketchum.
- The LOT excludes sales of groceries and motor vehicles.
- The LOT is in addition to the Idaho State sales tax of 6%.
- To conduct sales within the City of Ketchum, a business must apply for a City Sales Tax Permit.
- The LOT rates are as follows:
  - 3% (0.03) on room sales (including short term rentals of less than 30 days)
  - 3% (0.03) on liquor-by-the-drink sales
  - 2% (0.02) on other retail sales, including building materials

## Required Forms

- Business License Application
- Emergency Contact Form
- City Sales Tax Permit Application (if applicable)
- Sign Permit Application (if applicable)
- Beer, Wine & Liquor-by-the-Drink License Application (if applicable)

## Checklist

- Business License Application
- \$125 non-refundable Business License Application processing fee submitted to City Clerk's Office in person or by mail at PO Box 2315, Ketchum, ID 83340
- Emergency Contact Form
- City Sales Tax Permit Application (if applicable)
- Beer, Wine & Liquor-by-the-Drink License Application (if applicable)
- Fees associated with Beer, Wine & Liquor-by-the-Drink Application (if applicable)
- Sign Permit Application (if applicable)
- \$150 Sign Permit Application Fee (if applicable)

# BUSINESS LICENSE INSPECTION



Business Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Owner: \_\_\_\_\_

Phone: (o) \_\_\_\_\_ (c) \_\_\_\_\_

New and existing buildings shall have approved address numbers, building numbers or approved building identification placed in a position that is plainly legible and visible from the street or road fronting the property. All required means of egress are identified with exit signs. Emergency lighting will be inspected for proper illumination and test buttons will be depressed to check backup lamp and battery operation. All fire extinguishers will be inspected for level of charge and to assure an inspection tag is affixed with an inspection date within the last year.

Buildings equipped with monitored fire alarms will be inspected for the following:

- a. Door leading to the alarm panel room will be signed, Alarm Room.
- b. Alarm panel will be inspected for annual inspection tag to ensure the system has been tested and working properly within the last year.

Buildings equipped with an automatic sprinkler system will be inspected for the following.

- a. Door leading to sprinkler riser room will be signed, Riser Room.
- b. Sprinkler riser will be inspected for annual inspection tag to ensure the system has been tested and working properly within the last year.
- c. All sprinkler heads will be visually inspected for leaks and will be clear of storage two (2) feet on all sides and sixteen (16) inches below.

A Type I hood shall be installed at or above all commercial cooking appliances and domestic cooking appliances used for commercial purposes that produce grease vapors. Commercial cooking systems shall be inspected per International Fire Code (IFC) § 607. An inspection tag with inspection history shall be present.

All buildings containing a monitored fire detection and/or suppression system shall have a Knox Box on the building containing keys for access to the building in case of emergency. Keys shall be provided for all areas.

Building equipped with an elevator will be checked to verify the annual inspections have been completed within the last year and emergency phone in elevator is operational. Doors leading to the elevator mechanical room will be signed, Elevator Room. Storage is not permitted in elevator mechanical rooms.

All entry and means of egress doors will be inspected for clear access and smooth operation.

All stairways will be inspected to ensure they are clear of any and all storage. All fire doors giving access to stairs will be closed and checked for smooth operation.

Electrical junction boxes must have covers in place with no open wire splices found. There must be appropriate use of extension cords and all major appliances must be plugged directly into approved outlet boxes.

Inspector \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

(FAILURE TO COMPLY WITH APPLICABLE CODES MAY RESULT IN A DELAY OR DENIAL OF BUSINESS LICENSURE)

Requirements:

FIRE ACCESS ROADS (IFC §503 & Appendix D)

**All designated fire apparatus access roads shall be maintained free of obstructions and parking shall not be allowed to encroach on the minimum requirements.**

ADDRESSES (IFC §505.1)

Building addresses shall be placed in a position that is **plainly legible and visible from the street or road fronting the property**. All occupancies as part of a building shall be identified with unique numeric or alphabetic addresses. These letters and numbers shall contrast with their background. Where required by the fire code official, address numbers shall be provided in additional approved locations to facilitate emergency response. Address numbers shall be Arabic numbers or alphabetical letters. Addresses shall be a minimum of 4 inches (101.6 mm) high with a minimum stroke width of 0.5 inch (12.7 mm). Actual address numbers and letters shall be located so that the bottom of the letters or numbers is a minimum of 48 inches above final grade.

FIRE EXTINGUISHERS (IFC §906)

Every occupancy shall have a **minimum of one extinguisher per garage and one extinguisher per kitchen area**. Extinguishers shall be mounted in a conspicuous, easy to access, unobstructed location that is less than 75' travel distance to any part of the occupancy. At a minimum, an extinguisher shall be mounted near the stair way at every floor in common areas of multi-family, multi-use, and commercial occupancies. Fire extinguishers shall be mounted not higher than 5 feet from the ground to the top of the extinguisher, and in no case shall the bottom of the extinguisher be closer than 4" to the ground.

- **When purchasing a new fire extinguisher, purchase an all-purpose ABC, MINIMUM 5Lb size with a minimum rating of 3-A:40-B:C.**

BUILDING EXITS (NFPA 101 & IFC §1031.2)

- Every sign required should be suitably illuminated via a reliable source of light. Externally, internally, and photo luminescent illuminated signs are all permissible.
- There must be at least 1.5 hrs. of emergency light if the building lighting fails.
- The provided emergency lighting should put out light that is at least an avg. of 1 foot-candle, and never less than .1 foot-candle. The regulation also sets out standards for the decline of the strength of light and uniformity ratio of that light.
- If a photo luminescent sign is used, a light must be provided to charge that sign so that if the lights go out, the sign will stay illuminated for at least 1.5 hours.

Required exit accesses, exits, and exit discharges shall be **continuously maintained free from obstructions or impediments** to full instant use in the case of fire or other emergency where the building area served by the egress is occupied. **An exit or exit passageway shall not be used for any purpose that interferes with a means of egress. Storage of any kind is not permissible under required exit stairwells.**

MEANS OF EGRESS ILLUMINATION (IFC §1008.1)

The means of egress serving a room or space shall be illuminated at all times that the room or space is occupied. In the event of power supply failure in rooms and spaces that require two or more means of egress (per IFC §1006.2.1) an emergency electrical system shall automatically illuminate all of the following areas: Aisles, Corridors, and Exit access stairwells and ramps.

ELECTRICAL EQUIPMENT AND WIRING (IFC §604)

Open junction boxes and open-wiring splices shall be prohibited. Approved covers shall be provided for all switch and electrical outlet boxes. Portable, electric space heaters shall not be plugged into extension cords. Extension cords and flexible cords shall not be affixed to structures, extended through walls, ceilings or floors, or under doors or floor coverings, nor shall such cords be subject to environmental damage or physical impact. Extension cords shall be used only with portable appliances.

KNOX BOX INSTALLATIONS (IFC §506)

All occupancies with monitored fire detection or suppression systems shall be required to **install and maintain** an approved Knox Box brand key box, with the appropriate keys, for emergency fire department access in a location approved by the fire department. The key box shall be sized to accommodate keys to every door of the project, it is strongly encouraged that occupancies utilize a master key. **THE FIRE DEPARTMENT IS NOT RESPONSIBLE FOR DAMAGE THAT IS DONE TO GAIN ACCESS WHEN THE RESPONSIBLE PARTY HAS REFUSED TO, OR OTHERWISE FAILED TO PROVIDE UPDATED KEYS TO ALL AREAS OF THE OCCUPANCY.**



City of Ketchum

## Business License Application

Submit completed application by email to [taxes@ketchumidaho.org](mailto:taxes@ketchumidaho.org) or mail to the City Clerk's Office, PO Box 2315, 191 5th St W, Ketchum, ID 83340. Submit \$125 fee in person or by mail. If you have questions, please email the above address or call (208) 726-3841.

BUSINESS CONTACT INFORMATION									
Name of Business:									
Doing Business As:									
Business Physical Address:									
Business Mailing Address:									
Business Phone:					Business Email:				
Business Website:									
PROPERTY OWNER INFORMATION									
Name:									
Mailing Address:									
Phone:					Emergency Number:				
Business operated from your residence:    Yes <input type="checkbox"/> No <input type="checkbox"/>									
BUSINESS OWNER INFORMATION									
Name:									
Street Address:									
Mailing Address:									
Phone:					Emergency Number:				
State Sales Tax ID:					Federal ID:				
BUSINESS MANAGER INFORMATION									
Name:									
Mailing Address:									
Phone:					Emergency Number:				
BUSINESS INFORMATION									
Previous business name and type of use at this location:									
Describe proposed business operation and type of use:									
Proposed opening date:					Hours of operation:				
Does this business require a city sales tax permit? Yes <input type="checkbox"/> No <input type="checkbox"/>									
Is this Business a:		Daycare <input type="checkbox"/>		Non-Profit <input type="checkbox"/>		Home Office <input type="checkbox"/>		Live / Work Unit <input type="checkbox"/>	
If this Business is a daycare, attach copy of daycare license.					If this Business is a daycare, a Fire Dept Daycare Inspection is required				

PLANNING AND ZONING INFORMATION	
Number of square feet: _____	
Select type of business below: Retail _____ Wholesale _____ Office _____ Warehouse _____ Research & Development _____ Manufacturer _____ Other _____	
Number of on-site parking spaces: Required _____ Provided _____ <i>Submit site plan showing parking spaces.</i>	
What zone will this business be located in? _____	
Will you be adding or changing an existing sign for this business? Yes _____ No _____	
Will outdoor areas of your business premises or sidewalks in front of your business be used for sales, displays, vending stands, tables, seating or storage? If yes, explain. _____ _____	
FIRE DEPARTMENT INFORMATION	
Does the building have a: (check the box)	
<input type="checkbox"/> Fire Sprinkler System <input type="checkbox"/> Knox Box	<input type="checkbox"/> Monitored Fire Alarm System <input type="checkbox"/> Commerical Cooking Hood
<input type="checkbox"/> Fire Extinguisher	
Will you be using or storing grease, oils, chemicals or hazardous materials in your business? _____	
Will you be manufacturing a product that will have shavings, liquid or solid residues, or require a cooling bath or batch cleaning as part of the process? _____	
Do you intend to remodel or alter the space in any manner? _____	
Have you reviewed the fire inspection sheet provided with this packet? _____	
Have you completed items on the fire inspection sheet provided? _____	
Have you called or emailed the Fire Marshall to request an inspection? _____	
UTILITY INFORMATION	
Answer the below questions if your business is a restaurant: <b><i>Attach copy of Idaho South Central Health District inspection report.</i></b>	
What is the number of seats? _____ Does your restaurant have a grease trap? _____	

Applicant agrees to observe all City ordinances, laws and conditions imposed. Applicant agrees to defend, hold harmless and indemnify the City of Ketchum, its officers and employees from all liability claims, suits and costs arising from incidents or accidents occurring under this permit. Applicant certifies that s/he has read and examined this application and that all information contained herein is true and correct.

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Cell Phone Email

OFFICIAL USE ONLY		
Date Received:	Fee Paid:	By:
Approved/Denied Date (circle one):	By:	
Account No.:	Sales Tax No.:	
Legal Description:		
Parcel No:	Zone:	
Business Activity:		

Dear Store Owner and/or Manager,

We are updating our emergency contact list for the City of Ketchum Police & Fire Departments. We would like to give you the best possible service in case there is a problem after hours.

Please take a minute to fill out the form on the bottom of this page and return it as soon as possible. This list should contain the correct physical address of your business, along with night phone numbers and names of people that have a key and can respond in case of an emergency. These names are for our use only and will not be released to the public.

Mail the completed form or drop it off at Ketchum City Hall, PO Box 2315, 191 5<sup>th</sup> St W., Ketchum, ID 83340 or email it to [taxes@ketchumidaho.org](mailto:taxes@ketchumidaho.org). You can contact us with any questions at 208-726-3841.

Thank you for your time.

---

## CITY OF KETCHUM

*Please type or print all information.*

### Emergency Notification List

---

---

BUSINESS NAME (S)

BUSINESS PHONE NUMBER

MAILING ADDRESS & CITY

PHYSICAL STREET ADDRESS

BUILDING NAME AND UNIT NUMBER or DESCRIPTION OF EXACT LOCATION

BUSINESS OWNER NAME AND CONTACT INFORMATION: LIST HOME & CELL NUMBERS / E-MAIL ADDRESS for future updates

SIGNATURE

DATE

---

### *List of Emergency Contacts*

---

	NAME	RESIDENCE & CELL PHONE #'s	TITLE
1.			
2.			
3.			





# City of Ketchum

## City Sales Tax Permit Application as required under Ketchum Municipal Code Chapter 3.12

Submit completed application by email to [taxes@ketchumidaho.org](mailto:taxes@ketchumidaho.org) or mail to the City Clerks Office, PO Box 2315, 191 5th St W., Ketchum, ID 83340. If you have questions, please email the above address or call (208) 726-3841.

BUSINESS CONTACT INFORMATION	
Business Name:	Doing Business As:
Business Physical Address:	
Business Mailing Address:	
Business Phone No:	Emergency Phone No:
Business Email: New Business: Yes <input type="checkbox"/> No <input type="checkbox"/> Description of Business:	Business Website: If new business, date of opening: If seasonal, which months are you closing:
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other: _____(specify)	If ownership is other than sole proprietorship, list below all partners, officers, directors, principals and/or authorized agents (name and address) <i>*use a separate sheet if necessary</i> _____ _____ _____ _____
OWNER PERSONAL INFORMATION	
Name:	
Personal Mailing Address:	
Residential Physical Address:	
<b>The undersigned agrees to collect the following applicable taxes:</b> <input type="checkbox"/> Three percent (3%) on all rents or leases for temporary lodging of thirty (30) days or less; <input type="checkbox"/> Three percent (3%) on all Liquor-By-the-Drink which includes, alcohol, spirits, beer and wine sold for consumption on the premises; <input type="checkbox"/> Two percent (2%) on all materials delivered by vendors in constructing, altering, repairing, and improving real estate; <input type="checkbox"/> Two percent (2%) on all other retail sales subject to taxation under Idaho Code 63-3601, et. Seq. Idaho Sales Tax Act except on the sale of groceries and motor vehicles, which are titled by the Idaho Department of Motor Vehicles, as defined in Ketchum Municipal Code Chapter 3.12.	

The undersigned further agrees to remit the above municipal taxes for each (this should correspond to the timing of payment of State sales taxes):

  
  

Calendar month  
Calendar quarter  
Annually

One-time tax (Dates:                    to                    )

Name of Event:

On or before the 20<sup>th</sup> day of the succeeding month to the City Clerk Office, P.O. Box 2315, Ketchum, Idaho 83340

**The undersigned hereby makes application for a City Sales Tax Permit as required under Ketchum Municipal Code Chapter 3.12. THIS PERMIT IS NONTRANSFERABLE BY SALE, LEASE ASSIGNMENT OR OTHERWISE.**

Applicant agrees to observe all City ordinances, laws and conditions imposed. Applicant agrees to defend, hold harmless and indemnify the City of Ketchum, its officers and employees from all liability claims, suits and costs arising from incidents or accidents occurring under this permit. Applicant certifies that s/he has read and examined this application and that all information contained herein is true and correct.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**OFFICIAL USE ONLY**

Date Received:

Permit Number:

Received By:

Comments: