



City of Coeur d'Alene
 Municipal Services
 710 Mullan Avenue
 Coeur d'Alene, Idaho 83814
 (208) 769-2229
 kathylew@cdaid.org

(Office Use Only)
 Amount Paid _____
 Receipt # _____
 Date _____
 Lic. No. _____
 By _____

Used Merchandise License - Renewal
 Expires Annually on December 31st

REQUIREMENTS: This form to be used only for renewal of an existing license, where there are no changes from the original application involving owners, partnerships, managers, or officers of a corporation except those listed below. Attach additional sheets if there are changes. All NEW owners, partnerships, managers, or officers of a corporation must complete a Criminal Background Check. The fee is \$45.

**Complete This Section For
 Used Merchandise Dealer License Renewal - Fee \$200**

Name of Business: _____
 Owner's Name: _____ Phone: _____
 Address: _____ City/State/Zip: _____
 E-Mail: _____ Cell Phone: _____
 Date of Birth: _____ Social Security #: _____ Place of Birth: _____

Sole Proprietor, Corporation or LLC – If there are any changes, complete above information on all partners or officers – attach additional sheet(s). All NEW owners, partnerships, managers, or officers of a corporation must complete a Criminal Background Check. The fee is \$45.

**Complete This Section For
 Used Merchandise Individual License Renewal – Fee \$5**

Name of Business: _____
 Name: _____ Phone: _____
 Address: _____ City/State/Zip: _____
 E-Mail: _____ Cell Phone: _____
 Date of Birth: _____ Social Security #: _____ Place of Birth: _____

Applicant as part of this application certifies as follows:

I hereby certify that the information listed on this application is complete and true and that there have been no changes since last applying for this license except those listed.

Signature of Applicant: _____ Date: _____