



City of Kuna
751 W 4th Street
P.O. BOX 13
KUNA, ID 83634
Phone: (208) 922-5546
E-mail: cityclerk@kunaid.gov

***** OFFICE USE ONLY *****

Renewal \$10.00

Date Fee Paid: _____

Receipt No.: _____

LICENSE NUMBER: _____

**APPLICATION FOR A RENEWAL
COMMERCIAL BUSINESS LICENSE**

BUSINESS NAME: _____ **Year Est:** _____ **PHONE:** _____

BUSINESS LOCATION: _____
(City, State, Zip Code)

BUSINESS MAILING ADDRESS: _____
(City, State, Zip Code)

APPLICANT NAME: _____ **PHONE:** _____

EMAIL: _____ **PERMISION TO CONTACT VIA EMAIL** Yes No
Would you like your business license mailed or E-mailed to you? _____

PLEASE ATTACH A LIST OF NAMES AND ADDRESSES OF PARTNERS OR OFFICERS

Would you like to have your business listed on our website? Yes No **If so, what contact information would you like to include on our website? (ex: phone number, website, address)** _____

Any Changes: Name Phone Business Type Structure Location

Please detail changes: _____

TYPE AND DESCRIPTION OF BUSINESS: _____

_____ **Applicant Signature** _____ **Date**

City Clerks Approval: _____ Date: _____