



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 License \$10.00

Date Fee Paid: _____

Receipt No.: _____

LICENSE NUMBER: _____

**APPLICATION FOR A RENEWAL
HOME OCCUPATION 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 this 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: _____