



## Daycare Business License Application

The purpose of this Daycare Business License is to ensure all daycare facilities meet the minimum statewide standards established by the State of Idaho to secure the protection of children and the City of Kuna community.

The laws of the state of Idaho, codified in Idaho Code Section 39-1102 as are in effect and which may hereafter be amended or recodified, are hereby adopted for the purpose of this chapter, except as modified or supplemented by this chapter. The definitions of Idaho Code Section 39-1102, and as amended or recodified, shall also be the definitions used for terms used in this chapter, unless the context clearly requires a different definition or a different definition is provided.

### **KUNA CODE 5-1-6 DEFINES THE FOLLOWING:**

**CHILD CARE FACILITIES:** Any home, structure, or place where nonmedical care, protection or supervision is regularly provided to children under twelve (12) years of age, for periods less than twenty-four (24) hours per day, while the parents or guardians are not on the premises. Any facility providing child care is required to have a special use permit and a State of Idaho basic day care license. There are three (3) types of child care facilities:

- A. *Home child care:* A child care facility which provides care for six (6) or fewer children throughout the day.
- B. *Group child care:* A child care facility which provides care for seven (7) to twelve (12) children throughout the day.
- C. *Child care center:* A child care facility which provides care for more than thirteen (13) children throughout the day. It should be noted that, in determining the type of child care facility that is being operated, the total number of children cared for during the day and not the number of children at the facility at any one time is determinative.

### **3-10-6: LICENSE EXPIRATION**

All licenses issued pursuant to this chapter shall expire one year from the date of issuance.

### **3-10-9: RENEWALS**

Any license, issued pursuant to this chapter, may be renewed for an additional year as long as the licensee has complied with all terms and conditions of this chapter and applies for the renewal prior to the expiration of the current license.

### **3-10-10: LICENSE DENIAL AND REVOCATION**

An application shall be denied and a license issued pursuant to this chapter shall be revoked by the City Clerk on any of the following grounds:

1. Fraud, misrepresentation or false statement in the application or renewal application;
2. Applicant is not qualified to hold the license;
3. License transfer or other licensee violation of the provisions of this chapter.

Questions? Contact the Kuna City Clerk's Office at (208) 387-7726 or [CityClerk@KunaID.gov](mailto:CityClerk@KunaID.gov).



## Daycare Business License Application

License Type:  1 Year NEW \$24.00  1 Year RENEWAL \$12.50

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

Business Address: \_\_\_\_\_

Business Email: \_\_\_\_\_ Permission to contact via email?  Yes  No

Hours of Operation: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Permission to contact via email?  Yes  No

Date Application was Submitted for a State of Idaho Daycare License: \_\_\_\_\_

Do you or any of your employees have any warrants, criminal charges and/or convictions, withheld judgements or pleas of nolo contendere for felony or misdemeanor violations in the last five (5) years? If YES, please provide names, dates, & locations. If NO, indicate N/A.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you or any of your employees ever had a Daycare or Business Permit/License revoked or suspended within the last five (5) years? If YES, please provide names, dates, & locations. If NO, please indicate N/A.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you like to have your business listed on the City of Kuna website for FREE? If so, please provide the information that you would like listed:  Phone Number  Address  Website  Other: \_\_\_\_\_

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

\_\_\_\_\_  
Date

← Have you already obtained a Sales/Use Tax Permit with the Idaho Tax Commission?  Yes  No →

### ***REQUIRED***

Acquire the 3 (three) signatures of approval below in order OR attach a copy of your Certificate of Occupancy

Kuna Rural Fire District: \_\_\_\_\_  
Call to set an appointment: (208) 922-1144

Date: \_\_\_\_\_

Planning & Zoning Dept: \_\_\_\_\_

Date: \_\_\_\_\_

Zoning: \_\_\_\_\_ Land Use: \_\_\_\_\_

Building Dept: \_\_\_\_\_

Date: \_\_\_\_\_

Attach a copy of your Certificate of Occupancy. If you do not have a copy, please contact the Building Department at (208) 922-5546 for signature of verification.

\_\_\_\_\_  
Building Dept. Signature & Date



## Daycare Business License Application

**The following items are required. Applications without the items listed below will not be accepted.**

- Completed City of Kuna Daycare Business License Application
- Copy or emailed copy of the completed and approved Special Use Permit (SUP) packet from the City of Kuna Planning and Zoning Department
- Copy of the applicant's valid state issued identification (i.e., Driver's License)
- Verification of submitted application for State of Idaho daycare license
- Verification of criminal history and background check clearance

### **OFFICE USE ONLY**

**Staff must verify each item is provided at the time of application submission.**

- Completed City of Kuna Daycare Business License Application  
Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_
- Copy or emailed copy of the completed and approved Special Use Permit (SUP) packet from the City of Kuna Planning and Zoning Department  
Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_
- Copy of the applicant's valid state issued identification (i.e., Driver's License)  
Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_
- Verification of submitted application for State of Idaho daycare license  
Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_
- Verification of criminal history and background check clearance  
Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_

License #: \_\_\_\_\_

License Type:  New  Renewal

Date Issued: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Date Fee Paid: \_\_\_\_\_

Receipt #: \_\_\_\_\_

License Approved?  Yes  No

Reason for Denial: \_\_\_\_\_

License Printed?  Yes  N/A

Added to Directory?  Yes  N/A

Staff Initials: \_\_\_\_\_

Date: \_\_\_\_\_