



New Commercial Business License Application

License Duration: 1 Year - \$27.00 3 Year - \$54.00 5 Years - \$81.00

Business Name: _____ Business Phone: (_____) _____

DBA: _____

Business Location: _____

Business Mailing Address: _____

Owner Name: _____ Owner Phone: (_____) _____

Owner Mailing Address: _____

Owner Email: _____ Permission to contact via email? Yes No

Please list name and address of any Partners or Officers

Type and Description of Business: _____

Applicant Signature

Date

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

* Do you have a Central District Health Certificate or proof of Exemption? Yes No N/A

Would you like to have your business listed on the City of Kuna's website for free? Yes No

If "Yes", please provide the information that you would like listed: Business Name Address

Phone Number Email Website: _____

REQUIRED

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

Kuna Rural Fire District: _____ **Date:** _____

150 W Boise St., Kuna, ID | (208) 922-1144

Planning & Zoning Dept: _____ **Date:** _____

Zoning: _____ **Land Use:** _____

Building Dept: _____ **Date:** _____

Did you receive a Building Inspection and a Certificate of Occupancy? If yes, please attach a copy. If no, please acquire the three (3) signatures.



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3-4-1: - LICENSE REQUIRED:

No person shall operate, conduct or engage in any trade, business, profession or vocation as a commercial business or home occupation business within the city without first having obtained a license from the city clerk or designee. Such license shall be issued upon payment of the fees and upon the applicant's compliance with the applicable provisions of this title. All licenses shall be a personal privilege of the holder thereof and except as expressly provided herein shall become void if the holder shall cease to personally supervise, conduct and operate the trade or business for which such license has been issued. No license fee or any part thereof shall be refunded even though the licensee may fail to operate for the period named therein or any portion of such period.

(Ord. No. 2016-11, § 1, 6-7-2016; Ord. No. 2019-21, § 1, 7-2-2019)

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

License #: _____	License Duration:	<input type="checkbox"/> 1 Year	<input type="checkbox"/> 3 Year	<input type="checkbox"/> 5 Year
Date Issued: _____	Expiration Date: _____			
Receipt #: _____	Date Fee Paid: _____			
License Approved? <input type="checkbox"/> Yes	Approved By: _____	Date: _____	License Printed? <input type="checkbox"/> Yes	