



New Home Occupation Business

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

Business Name: _____ Business Phone: (_____) _____

Business Location: _____

Business Mailing Address: _____

Owner Name: _____ Owner Phone: (_____) _____

Owner Mailing Address: _____

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

Please attach a list of names and addresses of any Partners or Officers

Type and Description of Business: _____

* 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

<p>Kuna Rural Fire District: _____ Date: _____</p> <ul style="list-style-type: none"> located at 150 W Boise St., Kuna, ID (208) 922-1144 <p>Planning & Zoning Dept: _____ Date: _____</p> <p style="text-align: center;">Zoning: _____ Land Use: _____</p> <p>Building Dept: _____ Date: _____</p>	<p>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.</p> <p>_____</p>
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Kuna City Code 5-2-3 defines a Home Occupation as "A use incidental and secondary to a property's primary residential use, which shall not change the residential character of the property or the neighborhood, and shall meet all applicable local and legal requirements."

Must Comply with Kuna City Code 5-8-1004-K for Home Occupations

To help us determine if you qualify for a Home Occupation Permit, please answer the following questions:

- | YES | NO | |
|--------------------------|--|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Is the home occupation clearly minor and secondary to the use of the property for dwelling purposes? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will the home occupation be conducted entirely within the dwelling or attached garage? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you propose having an employee(s)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the total of all space within the buildings devoted to one or more home occupations exceed 25%? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the home occupation involve storage, repair, milling or manufacture of highly combustible materials or internal combustion engines? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will the home occupation cause a need for additional parking? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will the home occupation cause any unsightliness or emission of odor, dust, smoke, noise, glare, heat, vibration or similar disturbances to the outside of the dwelling or accessory building used for the home occupation? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the activity of the home occupation change the residential character or appearance of the dwelling? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will any of the items produced or repaired on the premises be displayed or stored so as to be visible from the exterior of the building? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you understand that signs are not allowed at this location? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will there be commercial vehicles used for delivery to or from your premises? |
| | <hr style="width: 50px; margin-left: 0;"/> | How many vehicle trips do you estimate will be generated to or from your premises on a daily basis? |

I attest that the information above is true and correct to the best of my knowledge:

Applicant Signature

Date

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: _____	Date Fee Paid: _____
Receipt #: _____	License Printed? <input type="checkbox"/> Yes	
License Approved? <input type="checkbox"/> Yes	Approved By: _____	Date: _____