



City of Kuna
Mobile Vendor's Application

751 W 4th Street

P.O. BOX 13

KUNA, ID 83634

Phone: 208-387-7726 Fax: 208-922-5989

E-mail: cityclerk@kunaid.gov

Fees:

\$15.00 – 30 day permit

\$25.00 – 60 day permit

\$30.00 – 90 day permit

\$25.00 – 90 day renewal fee (*Vendor must apply for and pay fee prior to expiration of existing permit.*)

1. Date: _____ Expiration Date Request: _____

2. Company Represented: _____

3. Company Address: _____

4. Company Phone Number: _____

5. Vendors Full Legal Name: _____

6. Vendors Address: _____

7. Vendors Phone Number: _____

8. Vendors Email: _____

9. Description of goods or services to be sold: _____

10. Times of day and location of vending: _____

11. Prepared Food: *Certification from Central District Health if required.*

Applicant Signature of Acceptance

Date

Office Use Only:

Fees Collected:

\$ _____

Receipt # _____

Start Date: _____

End Date: _____

Date License Issued: _____

Staff Initials: _____

Copy of CDC certificate if required