



**City of Kuna**

**751 W 4<sup>th</sup> Street**

**P.O. BOX 13**

**KUNA, ID 83634**

**Phone: 208-922-5546 Fax: 208-922-5989**

**E-mail: cityclerk@kunaid.gov**

**\*\*\* OFFICE USE ONLY \*\*\***

**Renewal \$10.00**

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

**Receipt No.: \_\_\_\_\_**

**LICENSE NUMBER: \_\_\_\_\_**

**APPLICATION FOR A RENEWAL  
COMMERCIAL BUSINESS LICENSE**

**BUSINESS NAME:** \_\_\_\_\_ **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

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**

