



City of Kuna

751 W 4th Street

P.O. BOX 13

KUNA, ID 83634

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

E-Mail: cityclerk@kunaid.gov

*** OFFICE USE ONLY ***

New License \$24.00

Date Fee Paid: _____

Receipt No.: _____

LICENSE NUMBER: _____

**APPLICATION FOR A NEW
COMMERCIAL BUSINESS LICENSE**

BUSINESS NAME: _____ **PHONE:** _____

BUSINESS LOCATION: _____
(City, State, Zip Code)

BUSINESS MAILING ADDRESS: _____
(City, State, Zip Code)

APPLICANT NAME: _____ **PHONE:** _____

EMAIL: _____ **PERMISSION TO CONTACT VIA EMAIL** Yes No

PLEASE ATTACH A LIST OF NAMES AND ADDRESSES OF PARTNERS OR OFFICERS

TYPE AND DESCRIPTION OF BUSINESS: _____

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) _____

➤ _____
Applicant Signature **Date**

◆ **Note: Have you already obtained a Sales/Use Tax Permit with Idaho Tax Commission? Yes _____ No _____**

When applicable- before a license will be issued a copy of the

Central District Health Department Certificate must accompany this application.

Required Signatures of approval

Planning & Zoning Department: _____ **Date**

Zoning: _____ Land Use: _____

Building Department: _____ **Date**

Kuna Rural Fire District: _____ **Date**