



City of Coeur d'Alene
 Municipal Services Department
 710 Mullan Avenue
 Coeur d'Alene, Idaho 83814
 (208) 769-2229
 kathylew@cdaid.org

(Office Use Only)
 Amount Paid _____
 Receipt # _____
 Date _____
 License # _____
 Date Temporary Issued _____
 Date Perm Lic Issued _____ by _____

Home Occupation Certificate Renewal Application
Fee: \$25.00 Fee (Check or Cash ONLY)–Expires Annually on December 31st

Business Name: _____ Phone Number: _____
 Applicant Name: _____ Phone Number: _____
 Mailing Address: _____ City/State/Zip: _____
 Physical Address: _____ City/State/Zip: _____
 Email: _____ Cell Phone: _____
 What type of work performed: _____

Vehicles/Travel:

- What type of vehicle is used for business purposes? _____
- What is the maximum weight capacity? _____
- Count all trips for business purposes; include trips for supplies, client trips, deliveries, trips to Post Office, etc.
 - Number of trips per day: _____
 - Number of trips per week: _____

Childcare Providers Only:

- What is the total number of children you are providing care for at ANY ONE TIME? _____
- How many of the above number are your own children under the age of nine? _____
- Number of sets of parents of children that you care for (do not count yourself or your spouse): _____

I hereby certify that there have been no changes in the above business from the conditions state in my original application:

 Applicant Signature

 City Clerk

 Date

 Date