



BUSINESS LICENSE

APPLICANT (all fields required)

When a property is owned by a corporation or LLC, an associated person must be listed in this section.

Business Name				FEIN # or SSN	
Physical Address (cannot be PO Box or commercial mailing service)			CITY	STATE	ZIP
Is this a residential or home based business?	YES	NO	DO YOU OWN THE HOME?	YES	NO
Mailing Address			CITY	STATE	ZIP
Business Phone			Mobile Phone		

PRIMARY CONTACT

PRIMARY CONTACT NAME	TITLE
EMAIL	PHONE

OWNERS, PARTNERS, OFFICERS, AND/OR DIRECTOR:

These individuals will have authority to make changes to the account

NAME & TITLE	EMAIL	PHONE
NAME & TITLE	EMAIL	PHONE

OTHER INFORMATION

Kansas Sales Tax Number	NAICS Code
Is your business located in the downtown historic district?	YES NO
Is this located in a residential or a home based business?	YES NO
Do you own the home?	YES NO
Will you be changing or installing new signage at your location? Appendix B, Article VIII outlines rules and regulations related to signage.	YES NO
Will cereal malt beverages, alcoholic beverages, or food be sold? (See Chapter 6)	YES NO

BUSINESS TYPE

*Other licensing requirements may apply

Type	Check	Type	Check	Type	Check
Adult Entertainment*		Housekeeping/Cleaning		Other Retail	
Amusement or Musical Devise*		Insurance		Other Service	
Auto Repair or Sales		Junking/Scrapping/ Secondhand Dealer*		Pawnbroker*	
Billiard or Pool Hall*		Lawn Care/Tree Trimming/Landscaping* (see		Real Estate	
Contractor/Handyman/Building Trades Business* (See Chapter 18)		Manufacturing		Restaurant or Bar*	
Daycare		Massage Therapy/Beauty		Taxicab*	
Financial Services		Medical/Healthcare		Trailer/Mobile Home Park*	
Hotel/Motel		Oil & Gas Drilling		(See Chapter 66)	

APPLICANT AFFIRMATION

I affirm by my signature below that I have been provided with and am in compliance with all licensing standards outlined in Independence Code of Ordinance Chapter 62. I understand that failure to comply with any of these standards and/or conditions shall be adequate grounds for the denial, refusal to renew, revocation, or suspension of my license. I acknowledge that the City of Independence will hold me responsible for the maintenance, management, and any legal actions that may ensue for the above listed business. I agree that all correspondence sent from the City of Independence will be mailed to me as the appointed agent/contact person as listed in this section.

I acknowledge that any changes to the names, addresses, and other information concerning the persons on this application must be provided in writing to the City of Independence within ten days.

I authorize the City to publish the business information in my application for use by the public.

YES NO (circle one)

OWNER SIGNATURE _____ Date _____

SIGNATURE _____ Date _____

LICENSE FEES		
Initial Application	\$30	City Limits
	\$50	Outside City Limits
Annual Renewal	\$20	City Limits
	\$40	Outside City Limits
Information Only Update	\$0	
Total Included: \$ _____		

PAYMENT OPTIONS	
<p>In person via cash, check, money order, credit card City Hall 811 W. Laurel St. Independence, KS 67301 M-Th 8 am - 4 pm Fri 8 am - Noon</p>	<p>By phone via credit or debit card information. Your completed application must have been received prior to payment. <i>MasterCard, Discover, American Express, and Visa</i> (620) 332-2500 M-ThF 8 am - 4 pm & Fri 8 am - Noon</p>
<p>By drop box, in a sealed envelope with this application and check payable to the City of Independence included.</p> <p>811 W Laurel 410 N Penn Ave Independence, KS, 67301 Independence, KS, 67301</p>	<p>By mail, with a check payable to the City of Independence 811 W. Laurel St. Independence, KS 67301</p>

FOR CITY STAFF USE					
ZONING					
Industrial	M-1	M-2			
Commercial	C-1	C-2	C-3		
Residential	R-1	R-2	R-3	R-4	
Parking	Is the building in compliance with off-street parking ordinances?				
Zoning & Code	Does the building meet zoning and code requirements for business type?				
Other					