

APPLICATION FOR BUSINESS / OCCUPATION LICENSE

CITY OF LEAWOOD, KANSAS

PLEASE SCAN/EMAIL, OR FAX THE COMPLETED FORM TO LICENSING@LEAWOOD.ORG, OR 913-661-7023. THE APPROPRIATE FEE AMOUNT WILL BE EMAILED TO YOU AFTER THE RECORD HAS BEEN SET UP IN OUR SYSTEM.

FEDERAL ID # _____

Legal Name of Business (As it appears on IRS forms): _____

Common Name of Business (Doing Business As D/B/A) If different from above: _____

Description/Type of Business (Contractor TYPE, restaurant, retail, other): _____

Leawood Project Start Date OR Business Opening Date {MM/YYYY} _____

Business Type:

Corporation ___ LLC ___ LLP ___ Partnership ___ Sole Proprietorship ___ Other _____

Organization Category:

Contractor (or Sub) ___ Retail ___ Manufacturing ___ Individual ___ Wholesale ___ Not-for-Profit ___ Other: _____

Business Physical Location: (If in Leawood, is this a Home-Based Business: YES NO)

Business Mailing Address (if different then above): Address City State Zip

Business Phone # () - Fax # () - Address City State Zip

Cellular # () -

Web address: Email:

List # of employees: Full-time: Part-Time:

Emergency Contact Person: _____

Emergency Contact's Telephone #: () -

CONTRACTORS ONLY: A valid Johnson County, Kansas license is required of all Electrical, Mechanical, & Plumbing Contractors, and various other class types. Roofing Contractors MUST have a valid State of Kansas registration / license #.

Johnson County License # State Roofing License:

Complete this section if your business is PHYSICALLY located in Leawood

Total number of persons employed at this location: Number of Service Professionals:

Total Square Footage of Rented/leased/owned space at location: _____

License year is July 1 thru June 30. The annual fee is prorated from the date the first application is submitted. Remittance must be submitted with this application. Make Check/money order payable to the City of Leawood for the amount due. If you have any questions, please call (913)663-9123 or email Licensing@Leawood.org.

I declare under penalty of false statement that to the best of my knowledge and belief the statements made herein are correct and true, and that the conduct of the business described above is in compliance with City Ordinances.

PRINT Name of Owner(s) or Corporation: _____

Authorized Signature _____

Title: Owner, Partner or Corporate Officer _____

In accord with various state and federal civil rights legislation, the City of Leawood does not discriminate against individuals regardless of race, ethnicity, color, religion, gender, national origin, age, marital status, medical condition or disability.

Office Use Only: Cust./Acct. # / SIC-NAICS Code / / Fee: _____