

**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.
AN INVOICE WITH APPROPRIATE FEE AMOUNT WILL BE EMAILED TO YOU AFTER THE RECORD HAS BEEN SET UP IN OUR SYSTEM.

FEDERAL / EIN ID # (W-9 Form): _____

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

Legal Name of Business (Name MUST MATCH IRS forms): _____

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

Detailed Description - Type of Business (**Contractor TYPE**, restaurant, retail, investments, or other): _____

Business Type:
Corporation _____ LLC _____ LLP _____ Partnership _____ Sole Proprietorship _____ Other _____

Organization Category: _____ (If NOT-FOR-PROFIT, please attach 5013C documentation with application)
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)

ADDRESS: _____ **CITY:** _____ **State:** _____ **Zip:** _____

Business Mailing Address: (If different than above):

ADDRESS: _____ **CITY:** _____ **State:** _____ **Zip:** _____

Business Phone # (____) _____ - _____ **Fax #** (____) _____ - _____

Cellular # (____) _____ - _____

Web address: _____ **Email:** _____

Emergency Contact Person, phone & Email: (Person responsible for License Renewal):

Email: _____ **Telephone #:** (____) _____ - _____

CONTRACTORS ONLY: A valid JOCO Contractor's license is required, (MUST match legal name of business) of all Electrical, Mechanical, & Plumbing Contractors, and other class types:

Johnson County License # _____

ROOFING CONTRACTORS: MUST have a valid JOCO License AND a State of Kansas registration / license #.

State Roofing License: _____

Complete this section if your business is PHYSICALLY located in Leawood

Total number of persons employed at this location: _____ = PT: ___ FT: ___ Number of Licensed 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

Corp. / Owner Information: _____

Address: _____ **City** _____ **State** _____ **zip** _____

Email Address: _____ **Phone #:** _____

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: _____