



Business License Application

12350 W 87 Street Pky
P.O. Box 14888
Lenexa, KS 66285-4888

Phone 913-477-7500
Fax 913-477-7730
www.ci.lenexa.ks.us

Lenexa Business Start Date ____/____/____

rev. 3/18/11

Common Name of Business (DBA) _____ Legal Name of Business (if different than DBA) _____

Type of Business (Contractor, Physician, Retail Sales)

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS - THANK YOU!

Physical Business Address:

Street # (or range of #s) and Name _____ Suite, Apt, Pillar, etc. _____ City _____ State _____ Zip _____
() _____ () _____ () _____
Business Address Phone # _____ Cell # _____ Fax # _____

Mailing Address: (if different from Physical Address)

Name for Mailing Address: DBA Legal Name Other _____

Street # (or range of #s) and Name _____ Suite, Apt, Pillar, etc. _____ City _____ State _____ Zip _____
() _____ () _____ () _____
Mailing Address Phone # _____ Cell # _____ Fax # _____

Contacts:

■ Primary Contact (Owner/Corp. Agent/Applicant) _____
Name _____ Email Address _____

Home Address - Street # and Name _____ City _____ State _____ Zip _____ () _____ () _____
Phone # _____ Cell Phone # _____

Date of Birth _____ Driver's License # _____ State Issued _____

■ Secondary Contact: _____
Name _____ Email Address _____

_____ () _____ () _____
Type of Contact _____ Phone # _____ Cell Phone # _____

Please complete this section if your business is physically located in Lenexa.

Check if applicable: This is a change in business name business ownership physical business address

Is business located in a Lenexa residence? N Y - please complete a **Home Business Zoning Permit** application
Are you sub-leasing this space? N Y - please complete information in #3 on **Certificate of Occupancy**
Do you have a fire/intrusion alarm? N Y - please complete an **Alarm User Registration** application

Total Square Footage _____ Kansas State Sales Tax Number _____

ENTER INFORMATION BELOW FOR THIS BUSINESS LOCATION, IF APPLICABLE:

Auto Dealers, inside: # sq. ft. _____ Personal Service (Hair/Nails): # operators _____
Auto Dealers, outside: # sq. ft. _____ Professionals: # licensed professionals _____
Banks: # detached facilities _____ Refuse Haulers, Commercial: circle all that apply:
Coin-Op Machine Vendors: # machines _____ Solid Waste Recyclable Compost
Delivery/Product Goods or Services: # trucks _____ Refuse Haulers, Residential: # trucks _____
Exhibitors/Vendors/Auction/Estate Sales: # days _____ Restaurants: # employees _____
Hospitals/Nursing & Retirement Homes: # beds _____ Salvage yards, inside: # sq. ft. _____
Motels: # rooms _____ Salvage yards, outside: # sq. ft. _____

I declare under penalty of perjury that to the best of my knowledge and belief the statements made herein are true and correct.

Signature of Owner(s) or Corporation Agent/Owner _____ Title _____ Date _____

The filing of this application or the granting of a business license neither confirms nor approves the use of land as regulated under the provisions of the zoning code, and is further subject to all applicable federal, state and local laws and regulations which apply to specific occupations and businesses. Whenever several business classifications are applicable to a business, then said business, firm, or calling shall pay the highest classification herein.

- Payment by Check - make check payable to **City of Lenexa**.
- Payment by Credit Card - Please call City Hall at (913) 477-7500 to pay by credit card

FOR OFFICE USE ONLY

License Effective from _____ to _____ Sect/Ord # _____ Yearly Fee _____ Fee Remitted _____

CO necessary Cash / CC / Check # _____ Receipt # _____ Business License Number _____

1. Business is physically located inside Lenexa.
- Business is located in my home. **Area: _____ sq. ft. home total; _____ sq. ft. used for business.**
 - Business is located in a commercial establishment. **Total area: _____ sq. ft.**
 - I have a fire/intrusion alarm. (Alarms must be registered. Fee is \$15/year. Download an Alarm User Registration application from our website at www.ci.lenexa.ks.us.)
- Business is physically located outside Lenexa.

2. Select Business License Category that best describes your business (check one that applies)

- | | |
|---|--|
| <input type="checkbox"/> Alcoholic Distributor of Beer/Wine/Spirits | <input type="checkbox"/> Massage Therapist (may/may not own business) |
| <input type="checkbox"/> Alcoholic Manufacturer | <input type="checkbox"/> Massage Therapy Establishment |
| <input type="checkbox"/> Automobile Body/Repair Shop | <input type="checkbox"/> Motel/Hotel |
| <input type="checkbox"/> Automobile Wash | <input type="checkbox"/> Nursery, Greenhouse, Tree-Trimmer |
| <input type="checkbox"/> Bank, Credit Union, Finance Company | <input type="checkbox"/> Office Space not otherwise listed herein |
| <input type="checkbox"/> CMB Retailer | <input type="checkbox"/> Pay Day / Title Loan |
| <input type="checkbox"/> Collections Agent, Bail Bondsperson | <input type="checkbox"/> Personal Services (Beauty, Hair, Nails, Spa, Tanning) |
| <input type="checkbox"/> Contractor – Inside Lenexa | <input type="checkbox"/> Precious Metal Dealer / Pawnbroker |
| <input type="checkbox"/> Contractor - Outside Lenexa | <input type="checkbox"/> Professional (Architect, Engineer, Physician, Dentist, Accountant, RE/Ins Agent, Photographer, etc.) |
| <input type="checkbox"/> Drinking Establishment | <input type="checkbox"/> Recreational Business – Indoor |
| <input type="checkbox"/> Funeral Home | <input type="checkbox"/> Recreational Business – Outdoor |
| <input type="checkbox"/> Gas Service Station | <input type="checkbox"/> Refuse Hauler |
| <input type="checkbox"/> Group Home | <input type="checkbox"/> Residential <input type="checkbox"/> Commercial |
| <input type="checkbox"/> Home Occupation | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Home Day Care Provider – Limited (1-6) | <input type="checkbox"/> School, for profit |
| <input type="checkbox"/> Home Day Care Provider – General (7-12) | <input type="checkbox"/> Security Service Agency |
| <input type="checkbox"/> Hospital, Nursing Home, Retirement Home | <input type="checkbox"/> Service Provider – delivery of products/goods/services (window washing, lawn mowing, carpet cleaning, janitorial) |
| <input type="checkbox"/> Kennel – Commercial | <input type="checkbox"/> Tow Service Provider |
| <input type="checkbox"/> Laundry & Dry Cleaning, including coin-op | <input type="checkbox"/> Transportation – Bus/Taxi/Limo/Rental Car |
| <input type="checkbox"/> Liquor Store | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Manufacturing/Warehouse/Wholesale/Retail not otherwise listed herein | |

3. The City may convert to e-billing in the future. If so, there may be a processing fee to forward your invoice via U.S. mail. Will you opt-in to the e-billing program?
- Yes – **Business/Billing Email Address:** _____ No

4. Lenexa locations: Who would be able to provide access to your building for City Emergency personnel?

Print names in order of preference to call first:

- | | | |
|---------------|-------------|-----------------------|
| a. Name _____ | Tel # _____ | Alternate Tel # _____ |
| b. Name _____ | Tel # _____ | Alternate Tel # _____ |
| c. Name _____ | Tel # _____ | Alternate Tel # _____ |
| d. Name _____ | Tel # _____ | Alternate Tel # _____ |