



CITY OF HAYSVILLE, KANSAS

200 W. Grand Avenue - P. O. Box 404 - Haysville, Kansas 67060 - (316) 529-5900 - Fax (316) 529-5925 - www.haysville-ks.com

BUSINESS REGISTRATION APPLICATION

Business Name _____ Business Address _____

Business Phone _____ Business Nature _____

Email or Website _____ Approx sq ft of business _____

Number of employees other than household members employed by business _____

List all types of combustible substances used or kept on premises or in outside storage which might cause a special fire fighting problem. _____

Business Owner/Manager _____ Home Phone _____

Home Address _____

Applicant's signature _____

PLANNING DEPARTMENT

With the exception of Restrictive Covenants, meets required Zoning Ordinance: Yes _____ No _____
if no, explain _____

Property Platted? Yes _____ No _____ N/A _____ Property Properly Screened? Yes _____ No _____ N/A _____

City Employee _____ Title _____ Date _____

INSPECTION DEPARTMENT

Date of Inspection _____

Meets required Building Code: Yes _____ No _____ if no, explain _____

Meets required Plumbing Code: Yes _____ No _____ if no, explain _____

Meets required Electrical Code: Yes _____ No _____ if no, explain _____

Meets required Mechanical Code: Yes _____ No _____ if no, explain _____

With the exception of ADA requirements, I have found the above business does _____ does not _____
meet the above requirements.

City Inspector _____ Date _____

If business has met all requirements, the City Clerk may issue a Business Registration License

Application received by City Clerk on _____ By _____

Amount paid _____ Receipt # _____