

**CITY OF HAYSVILLE**

PO Box 404
 200 W. Grand
 Haysville, KS 67060
 Phone: 316/529-5900 | Fax: 316/529-5925
www.haysville-ks.com

Business License Application

THE RECEIPT OF MONIES DOES NOT CONSTITUTE APPROVAL OF APPLICATION
BUSINESS INFORMATION

Registered Business Name:		Phone:
Business Address:		Business Email:
Mailing Address:		City, State, ZIP
Type of Business Conducted/Nature of Business:		
Approx. Square Footage of Business:	Number of Employees (other than household employees):	
Please list any and all direct or collateral public health, safety, or welfare concerns which might create a special law enforcement problem, including an unusual increase in the amount of lighting, noise, odor, vehicle traffic, or pedestrian traffic within an area.		
List all types of combustible substances used or kept on the premises that may cause a fire hazard:		
If business is a Daycare, are you licensed with the State of Kansas? <input type="checkbox"/> No <input type="checkbox"/> Yes, License #: _____		

BUSINESS OWNER INFORMATION

Full (Legal) Name:		Alias/Maiden Name:
Residential Address:		ZIP:
Email:		Home Phone #:
Date of Birth:	Driver License State/Number:	Mobile Phone #:

BUSINESS MANAGER INFORMATION

Full (Legal) Name:		Alias/Maiden Name:
Residential Address:		ZIP:
Email:		Home Phone #:
Date of Birth:	Driver License State/Number:	Mobile Phone #:

AFTER HOURS EMERGENCY CONTACT(s)

Please list the person(s) to be notified in case of an emergency (e.g., fire, open door, etc.) at your business.

Full Name:	Phone #:
Full Name:	Phone #:
Full Name:	Phone #:

OATH

I, _____, the above named applicant, hereby swear under oath that the information contained in this application is true and correct to the best of my knowledge. Furthermore, I hereby agree to comply with all of the laws of the State of Kansas, and all rules, regulations, and ordinances prescribed by the City of Haysville, and I consent to the immediate revocation of my license, by the proper officials, for any violation of such laws, rules, regulations, or ordinances.

Signature of Applicant

Date

APPLICANT MUST INCLUDE:

- One copy of this application with an original signature.
- Payment of \$10 application fee.

OFFICE USE ONLY					
Date Application Received: _____ By: _____ Fee: _____ Receipt #: _____					
The applicant is in compliance with existing codes and regulations:					
	Yes	No	Reason	Initial	Date
Zoning Administrator					
Building Inspector					
Chief of Police					
The applicant has no legal background issues that prohibit operation of such business and such business will not create an extraordinary impact upon law enforcement services.					
	Yes	No	Reason	Initial	Date
Chief of Police					
This application is found to be complete.					
	Yes	No	Reason	Initial	Date
City Attorney					
The information provided on this application and attached hereto is found to be complete and satisfactory in accordance with the requirements of the Haysville Municipal Code and a Business Registration and Permit to Operate Certificate may hereby be issued.					
City Clerk or Designee: _____				Date: _____	
License #: _____				Exp. Date: December 31, 20____	
Date Forwarded To City Council: _____					