

Application No. _____

License No. _____

Customer No. _____

 X New

Expiration Date: _____

CITY OF PRAIRIE VILLAGE – ADMINISTRATIVE/RETAIL APPLICATION

LICENSING PERIOD IS ONE YEAR FROM DATE ISSUED - MUST BE RENEWED ANNUALLY

Please Note: To avoid the return of your application, please complete ALL information.

Business Name:	Doing Business As:
Business (Physical) Address:	Zip:
Mailing Address:	City/State/Zip:
Billing Contact:	Billing Contact Phone #:
Local Contact/Store Manager:	Store/Business Phone #:
Business Owner's Name:	Type of Business:
Business Owner's Home Address:	E-mail:

BUSINESS INFORMATION

1. Have you previously licensed at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No First date at this location:
2. What is the total square footage your business occupies? (attach copy of current lease – PAGE that shows square footage only)
3. How many people work at this location?
4. Are you or your business required by the State or Federal government, or another city, to be certified or licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach copy of such documentation or certification PLEASE NOTE: Plumbers, mechanical contractors, pesticide applicators and electricians are required to be certified and should provide a copy of certification with this application.
5. If you are required to collect state sales tax, attach a copy of your certificate; State Sales Tax ID#:

STATEMENT

I declare under penalty of false statement that, to the best of my knowledge and belief, the statements made on this application are correct and true. I agree to comply with all local, State and Federal laws which govern business operations. I have reviewed the Prairie Village Municipal Code regarding commercial businesses and agree to comply with all regulations as set forth.	
Applicant Signature:	Date:

PAYMENT

Application and fee payment should be returned to: City of Prairie Village Administrative/Retail Licensing 7700 Mission Road Prairie Village, KS 66208	AMOUNT DUE: See Fee Schedule \$	Payment must be sent with application. Checks should be made payable to: City of Prairie Village Accepted Credit Cards: American Express, Discover, Mastercard, Visa
Payment Type: Cash _____ Check _____ Card _____		
Name on Card	Signature	
Card Number	Expiration Date:	CVV:

The issuer of the card identified on this item is authorized to pay the amount shown as TOTAL upon proper presentation. I promise to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.

Office Use Only: Application: _____ Date	Amount Ck/Cash/Card	By _____	License Issued: _____ Date	By _____
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**THIS INFORMATION IS IMPORTANT.
PLEASE UPDATE IMMEDIATELY WHEN NECESSARY.**

DATE _____

POLICE DESK COPY

PRAIRIE VILLAGE POLICE DEPARTMENT

BUSINESS NAME _____ PHONE _____

ADDRESS _____

BUSINESS OWNER _____ HOME PHONE NO. _____

HOME ADDRESS _____ CITY _____

LIST THREE PERSONS AND THEIR TITLE WITH THE COMPANY IN THE ORDER THAT YOU WANT THEM CALLED IN THE EVENT OF AN EMERGENCY:
NAME & TITLE ADDRESS CITY PHONE NO.

1. _____

2. _____

3. _____

BUSINESS HOURS: OPEN _____ CLOSE _____

DO YOU HAVE AN ALARM IN YOUR BUILDING? YES NO

IF YES, WHAT TYPE? BURGLAR / HOLDUP FIRE IS THE ALARM SILENT or AUDIBLE

NAME & PHONE NUMBER OF ALARM COMPANY: _____

UNUSUAL CONDITIONS AND/OR POSSIBLE HAZARDS TO EMERGENCY PERSONNEL: _____

REMARKS: _____

PROPERTY OWNER'S NAME & PHONE NUMBER _____