

License Year _____
__ Renewal __ New

License Expires _____
Customer No. _____

Application No.

Permit No.

**CITY OF PRAIRIE VILLAGE - HOME OCCUPATION LICENSE
MUST BE RENEWED ANNUALLY**

Business Name _____

Owner's Name _____

Street Address _____

City/State/Zip _____

Type of Business _____ First Date of Operation _____

Email Address _____ Cell Phone No. _____

Home Phone No. _____ Business Phone No. _____

Please Note: To avoid the return of your application, complete ALL questions and attach all required documentation as necessary.

1. Do you rent or own the property? **RENT / OWN**
If **RENTING**, attach letter of consent from owner giving permission to operate a business out of your residence.

2. Are you or your business required by the State or Federal government, or another City, to be certified or licensed? **YES / NO**
If **YES**, please attach a copy of such documentation or certification.

NOTE: Plumbers, mechanical contractors, pesticide applicators and electricians are required to be certified and should provide a copy of certification.

3. If a renewal, has your area of occupation changed since you last submitted a floor plan? **YES / NO**
If **YES**, or if a **NEW** application, it will be necessary to submit a floor plan with your application.

PVMC 19.34.010 can be found on the City website at www.pykansas.com under Business Licensing. Should you have questions or need additional information, contact City Hall at 913-381-6464 and ask for Home Occupation licensing staff.

Please complete both sides of application.

Application and fee payment should be returned to: City of Prairie Village
7700 Mission Road

FEE: \$ 52.00

____Penalty Applies \$____Late
Fee

Checks payable to: **City of Prairie Village** Prairie Village KS 66208

Payment Type: Cash _____ Check _____ VISA _____ Mastercard _____

| | |
|--------------|-----------------|
| Name on Card | Signature |
| Card Number | Expiration Date |

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: _____ License Issued _____
Date Received Amt Pd Processed By Date By
Check/Cash/Card

FLOOR PLAN OF OCCUPATION

-- DOES NOT HAVE TO BE TO SCALE --

**By initialing the following statements, I declare them to be correct and true.
ALL MUST BE INITIALED TO RECEIVE A LICENSE.**

_____ I do not use more than 20 % of the total dwelling unit floor area (not including the garage) for my home based business.

_____ I do not have any employees other than immediate family working on the premises or being dispatched from my home.

_____ I do not conduct business on the patio or in the garage or other accessory building.

_____ Hours of operation fall between the hours of 7:00 am and 9:00 pm.

_____ I receive no more than 10 clients per day at my home.

_____ I do not advertise my business on the premises of my home.

AFFIDAVIT: 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 and understand the standards as set forth in the Prairie Village Municipal Code Home Occupation Ordinance and agree to comply with all regulations as set forth.

Business Name _____

Business Owner _____

Date

Signature