



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.lenexa.com

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

Lenexa Business Start Date ____ / ____ / ____

rev. 2/25/15

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.

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 - complete an **Alarm User Registration** at www.crywolfservices.com/lenexaks

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: # trucks _____

Hospitals/Nursing & Retirement Homes: # beds _____
Salvage yards, inside: # sq. ft. _____
Motels: # rooms _____

Refuse Haulers, Residential: # trucks _____
Restaurants: # employees _____
Salvage yards, outside: # sq. ft. _____

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

- Alcoholic Caterer
- Alcoholic Distributor of Beer/Wine/Spirits
- Alcoholic Manufacturer
- Automobile Body/Repair Shop
- Automobile Wash
- Bank, Credit Union, Finance Company
- CMB Retailer
- Collections Agent, Bail Bondsperson
- Contractor – Inside Lenexa
- Contractor – Outside Lenexa
- Drinking Establishment
- Funeral Home
- Gas Service Station
- Group Home
- Hospital, Nursing Home, Retirement Home
- Kennel – Commercial
- Laundry & Dry Cleaning, including coin-op
- Liquor Store
- Manufacturing/Warehouse/Wholesale/Retail not otherwise listed herein
- Motel/Hotel
- Nursery, Greenhouse, Tree-Trimmer
- Office Space not otherwise listed herein
- Pay Day / Title Loan
- Personal Services (Beauty, Hair, Nails, Spa, Tanning)
- Precious Metal Dealer / Pawnbroker
- Professional (Architect, Engineer, Physician, Dentist, Accountant, RE/Ins Agent, Photographer, etc.)
- Recreational Business – Indoor
- Recreational Business – Outdoor
- Refuse Hauler (check below which applies)
 - Residential
 - Commercial
- Restaurant
- School, for profit
- Security Service Agency
- Tow Service Provider
- Transportation – Bus/Taxi/Limo/Rental Car
- Other: _____

2. 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

3. 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:

1. Name _____ Tel # _____ Alternate Tel # _____
2. Name _____ Tel # _____ Alternate Tel # _____
3. Name _____ Tel # _____ Alternate Tel # _____
4. Name _____ Tel # _____ Alternate Tel # _____

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

Business License No. _____ License Expiration Date _____ Yearly Fee _____

CO necessary Fee Remitted _____ Cash / CC / Check # _____ Receipt # _____