

Apartment/Duplex/Other Leased Property Business License

Please complete the following information for the property owner. This information must be completed even if the property is managed by a property manager or management company.

Single Family home rented as Airbnb or short term 30 days or less (Requires a Business License) Single Family home rented more than 30 days (Does NOT require a Business License)

Duplex or Triplex - 1 to 3 units: \$20 per building

Anything over 3 units: \$5 per unit Short Term - \$20 per building

| | Apartment □ | Duplex [| □ Short Term □ | | | | |
|--------------------|---|---|------------------------------------|---------------------------------------|--|--|--|
| If an apartment co | omplex, please provide o | complex name: | | | | | |
| Property Owner F | - ull Name: | | Application Date: | | | | |
| Date of Birth: | D | Drivers License #/State Issued: | | | | | |
| Street Address/St | treet Number: | | | | | | |
| City: | | _ State: | Zip Code: | | | | |
| EIN: | | Kansas State Sales Tax # (if applicable): | | | | | |
| Cell/Home #: | Billing | Billing Email: | | | | | |
| If you are re | enting multiple building | gs, please list | additional addresses on second p | age. | | | |
| | ager, property managen the following information | | or real estate company manages the | property | | | |
| Property Manage | r/Management Compan | y Name: | | | | | |
| Street Address/St | treet Number: | | | | | | |
| | | | Zip Code: | | | | |
| EIN: | · · · · · · · · · · · · · · · · · · · | Kansas State Sales Tax # (if applicable): | | | | | |
| Cell/Home #: | Billing | Email: | | · · · · · · · · · · · · · · · · · · · | | | |
| Signature: | | Date: | | | | | |

Effective Date of License:



Additional Property Addresses

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