

NAICS (	Code		
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06/2023

## **Business License Application**

Date of Application	Type of Business			
Name of Business	City/State/Zip			
Mailing Address	City/State/ZipCity/State/Zip			
Business Telephone	Email	ity/State/Zip Website		
If Cor	OWNERSHIP INFOR			
	•			
Last Name	First Name	Middle Initial City/State/Zip DL/State Issued		
Home /Coll Tolonbone	Data of Birth	City/State/Zip		
nome/Cell relephone	Date of birth	DL/State issued		
BUSINESS INFORMATION  To Be Completed By Business Located in Shawnee				
On-Sight Manager NameCell Telephone				
Total Applicable Interior Square Footage (calculated on reverse)				
Total Applicable Exterior Squa	re Footage (calculated on r	everse)		
Number of Employees/Agents	Working in Shawnee	Employee ID #		
Kansas State Sales Tax #	rederal	Employee ID #		
BUSINESS LICENSE FEE  Compute your annual license fee by referring to the schedule on the reverse side,  and file your application with your remittance.				
Make check or money order payable to City of Shawnee and mail to:  Community Development  11110 Johnson Drive, Shawnee, KS, 66203				
You may also email your application to mcrissman@cityofshawnee.org  We will then call you and take a credit card over the phone				
ANNUAL BUSINESS LICENSE TAX AMOUNT PRO-RATED*		\$		
AMOUNT DUE/REMITTED		\$		
*Fees for new businesses a	are pro-rated for the first year of b	ousiness. See reverse for calculation method.		
	ALTY OF FALSE STATEMENT THA HE STATEMENTS MADE HEREIN	T TO THE BEST OF MY KNOWLEDGE AND ARE CORRECT AND TRUE.		
SIGNATURE		TITLE		
The filing of this application or th regulated under the provisions of		se neither confirms nor denies the use of land as		