

Office Use Only

Lot: _____ Application No. _____

New (Renewals should be submitted on a Renewal Application) License No. _____

Expiration: _____ Customer No. _____

CITY OF PRAIRIE VILLAGE – NEW ADMINISTRATIVE/RETAIL APPLICATION
Licensing Period Is One Year From Last Day of Month Issued - Must Be Renewed Annually
To avoid the return of your application, please provide ALL information and sign

| | |
|-----------------------------------|--------------------------------|
| Legal Business Name: | Common Business Name (DBA): |
| Description – Type of Business: | |
| Business (Physical) Address: | PV, KS Zip: |
| Mailing Address (if different): | Mailing City/State/Zip: |
| Billing Contact Name: | Billing Contact Phone #: |
| Local Contact/Store Manager: | Store/Business Phone #: |
| Business Owner’s Name: | Business Owner’s Home Address: |
| Billing/Licensing Contact 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? If yes, please attach copy of such documentation or certification <input type="checkbox"/> Yes <input type="checkbox"/> No <small>PLEASE NOTE EXAMPLES: Building contractors, cosmetologists, doctors, therapists, etc. are required to be certified and should provide a copy of certification with this application.</small> |
| 5. If you are required to collect state sales tax, attach a copy of your State Sales Tax ID Certificate, 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

| | | |
|--|--|---|
| Return application & payment to: City of Prairie Village Attn: Admin/Retail Licensing 7700 Mission Road Prairie Village, KS 66208 | If paying by check, make them out to: City of Prairie Village If paying by Credit Card: Do not submit card numbers via e-mail, for your security | Annual Fee: Refer to Fee Schedule-based on square footage If NOT-FOR-PROFIT, please attach 5013C documentation |
|--|--|---|

Office Use Only: Application: _____ License Issued: _____
 Date Amount Ck/Cash/Card By Date By

This page will be provided to the Police Department separately from the application

Business Emergency Contact Information

Businesses located in Prairie Village are asked to have emergency contact information on file with the Prairie Village Police Department. Please fill out the form below to submit or update your business information.

Changes/updates can later be completed online at <https://www.pvkansas.com/business/business-emergency-info>

Business Name

Business Phone Number

Business Physical Address

Name of Business Owner

Business Owner Cell Phone Number

Business Owner Home Phone Number (if applicable)

List three (3) persons, in order of preference, we may call in the event of an emergency. Please make sure the phone numbers listed are NOT in-store contact numbers, but personal, AFTER-HOURS direct numbers for each individual.

**Contact 1: Name
Number**

Contact 1: After Hours Phone

**Contact 2: Name
Number**

Contact 2: After Hours Phone

**Contact 3: Name
Number**

Contact 3: After Hours Phone

Property Owner Name

Property Owner Phone Number

What are your hours of business? Indicate hours for each day.

Sunday

Tuesday

Thursday

Saturday

Monday

Wednesday

Friday

Do you have an alarm in your building?

Yes

No

If yes:

Alarm Company Contact Information:

Company Name

Phone Number

Unusual Conditions and/or possible hazards to emergency personnel: