

Office Use Only

Lot: _____ Application No. _____

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

Expiration: _____ Customer No. _____

CITY OF PRAIRIE VILLAGE - HOME OCCUPATION LICENSE
 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

BUSINESS AND APPLICANT INFORMATION	
Legal Business Name:	
Common Business Name (DBA):	
Owner's Name:	
Street Address:	Zip: PV, KS
Type of Business:	First Date of Operation at this location:
Email Address:	
Primary Phone #: type: cell <input type="checkbox"/> home <input type="checkbox"/> business <input type="checkbox"/>	Secondary Phone #: type: cell <input type="checkbox"/> home <input type="checkbox"/> business <input type="checkbox"/>

ADDITIONAL BUSINESS INFORMATION
1. Do you rent or own the property? <u>Circle One:</u> RENT / OWN If RENTING, attach letter of consent from owner to operate a business at this 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 Examples: Plumbers, mechanical contractors, pesticide applicators, cosmetologists, and therapists are required to be certified and should provide a copy of certification.
3. For a <i>NEW</i> application or if renewing with a change to your previously submitted floor plan, it will be necessary to submit a floor plan sketch on your application. See reverse.

PVMC 19.34.010 can be found on the City website at www.pvkansas.com under Business Licensing.

PAYMENT		
Return application & payment to: City of Prairie Village Attn: Home Occ Licensing 7700 Mission Rd 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: \$52.00

Please complete both sides of application.

Office Use Only:
 Application: _____ License Issued _____
 Date Received _____ Amt Pd: Chk/Cash/CC _____ By _____ Date _____ By _____

FLOOR PLAN OF OCCUPATION
(for new applications or renewal applications with changes)
DOES NOT HAVE TO BE TO SCALE

By initialing the following statements, I declare them to be correct and true.

ALL ITEMS 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 _____