

City of Shawnee Home Business License Application

Receipt #	
Check #_	

TANSAS			NAICS Code	
Date of Application	Effec	ctive Date of License		
dressCity/State/Zip				
	ne Telephone Business Telephone			
Mailing Address (if diffe	erent)			
_ast Name	First Name _		_Middle Initial	
Date of Birth		DL/State Issued		
FAX	E-mail Address	Website		
Please initial each item bel	ow indicating that you have read	and will comply with the follo	wing home business restrictions.	
of one full time er		k combined if more than one	ess may employ up to the equivalent employee). Employee hours shall be	
Retail services ar	nd/or sales to customers at the ho	ome are prohibited.		
	s collectively may not occupy moved basement space.	ore the 25% of the total floo	r area of the dwelling, not including	
Internal or externation is prohibited.	al alterations or the use of constr	uction features or mechanica	I equipment not customary to homes	
The entrance to a	home business must be from wi	thin the home.		
Power sources ar	e limited to electric motors with a	total limitation of 3 horsepov	ver per dwelling unit.	
length, 8ft. in heig 16,000 lbs. or de ——— utility wreckers ar	ht, or 8 ft. in width, or any vehicle	elicensed as a truck with a regeople. Flatbed trucks, dump s regardless of their registere		
			e your application with your remittance e, Kansas. Checks, cash, and Visa or	
ANNUAL BUSINESS I AMOUNT PRO-RATEI AMOUNT DUE/REMIT) *		\$ \$ \$	
*Fees for new b	usinesses are pro-rated for the fir	rst year of business. See reve	erse for calculation method.	
Vehicles used	by the resident and employees n	nay not be parked in the stree	et during business hours.	
I DECLARE U	INDER PENALTY OF FALSE STATE	EMENT THAT TO THE BEST OF	MY KNOWLEDGE AND	

BELIEF THE STATEMENTS MADE HEREIN ARE CORRECT AND TRUE.

SIGNATURE _	TITLE
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