

City of TONGANOXIE, KANSAS

BUSINESS LICENSE APPLICATION

321. S. Delaware \cdot PO Box 326 \cdot Tonganoxie, KS 66086 \cdot 913.845.2620 \cdot info@tonganoxie.org

Select one:	Select one:	Date:	
☐ New Application	•	•	
Annual Renewal	Sole Propriet	or	
Legal Business Name:			
Physical Address:	al Address:City, State, and Zip Code:		
Mailing Address:	City, State, and Zip Code:		
Business Phone :	Email Address:		
Owner/CEO Name:	Direct Phone:		
Owner/CEO Address (if dif	if different):City, State, and Zip:		
E-Mail Address	Send Ye	early Renewal Reminder by Email (Y/N)?	
Emergency Reference: Person to notify in case of emergency other than business owner? (Example: Business Manager, Partner, Property Owner, Spouse, Etc.)			
Name:	Address: _		
Phone:	Relationshi	p:	
Description of Business: Commercial – General Commercial – Home Based Non-Profit			
Type of Service or Product:			
Mechanical, electrical and plumbing contractors must provide a copy of their applicable Johnson County contractor's license before the application will be approved. Daycares must provide a copy of a current state daycare license before the application will be approved.			
The application fee for a business license is \$50.00. Applications for renewal of a business license received after January 31 of each year will be subject to late fees, as outlined in Tonganoxie Municipal Code.			
By signing below, I hereby affirm that my business is active and in good standing with any requirement of the State of Kansas for my type of business, including, but not limited to, registrations, taxes, licenses, certifications, permits, or inspections. Failure to maintain the business in good standing with any State requirement may result in suspension of the City business license.			
Applicant Signature:			
	CITY USE ON		
Date Paid: Amount:		Administrator or Designee Approval:cklist for new business applications:	
Payment Type: Cash	Cne	Fire Inspection	
Check		Building Inspection	
Credit Card		Zoning Type Verification	