

CITY OF BASEHOR

2620 N. 155th St.
P. O. Box 406
Basehor, KS 66007-0406
913-724-1370

BUSINESS LICENSE APPLICATION

NAME OF FIRM/COMPANY: _____

NAME OF APPLICANT/OWNER: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

Telephone No: _____

After Hours Emergency No: _____

E-Mail Address: _____

Fax No: _____

Mailing Address if different from above:

Preferred Options: *(circle preferred choice)*

Copy of Certificate: YES NO

Correspondence by: Letter Email

Nature of Business: _____

Wholesale Retail Other (describe): _____

License will not be processed without one of the following numbers:

Sales Tax No: _____ **and/or** Employer FEIN: _____

I, _____, certify the above written information to be true and correct.

Signature of Owner(s)

Date of Application _____

Office Use Only

Fee: \$50.00 CK # _____ CC _____
Late Fee \$100.00