



City of Basehor

2620 N. 155th St – P.O. Box 406, Basehor, KS 66007
913-724-1370 – Fax 913-724-3388 – cityofbasehor.org

BUSINESS LICENSE APPLICATION

A.

Company Name: _____

Name of Applicant/ Owner: _____

Nature of Business: _____

Is this a renewal for a new year? Yes No

Is all the information the same as last year? Yes No
(Please continue to Section C if same)

Is the owner/business current on all state, federal and county taxes? Yes No

B.

Street Address: _____

Mailing Address: _____

City, State, Zip: _____

Telephone No: _____ After Hours Emergency No: _____

E-Mail Address: _____ Fax No: _____

Preferred Correspondence by: Letter Email

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS

C.

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.
Please Print

Signature of Owner

Date of Application _____

Office Use Only

Application Fee: \$50.00 / Late Fee: \$100.00 CK # _____ CC _____ Receipt # _____
(after March 31)