



# OCCUPATIONAL LICENSE APPLICATION

rev.04/19/12

City of Fairway  
4210 Shawnee Mission Parkway, Suite 100, Fairway, KS 66205  
Phone: 913-262-0350 Fax: 913-262-4607 www.fairwaykansas.org

Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Business: \_\_\_\_\_  
(PLEASE PRINT BUSINESS NAME as you would like it to appear on the occupational license certificate)

Business Address: \_\_\_\_\_  
Street Number City State Zip

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Start Date: \_\_\_\_\_ # of Employees: \_\_\_\_\_  
New applications only

**Square Footage** Basement: \_\_\_\_\_ 1<sup>st</sup> floor: \_\_\_\_\_ 2<sup>nd</sup> floor: \_\_\_\_\_ 3<sup>rd</sup> floor: \_\_\_\_\_ 4th floor: \_\_\_\_\_

**Total of all Square Footage** without regard to use: \_\_\_\_\_ **Drive Through Facilities** - number of lanes: \_\_\_\_\_

**License Fee \$** \_\_\_\_\_ (Refer to fee schedule in letter) **Alarm System**  Yes  No

**SUB-TYPE:** (Please check one)

Retail  Office  Bank  Restaurant  Home Occupation  Non-profit organization  Exempt  Other

**Home Occupations** - Square Footage of Home: \_\_\_\_\_ Square Footage of Home dedicated for business use: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Owner Home Address: \_\_\_\_\_  
Street Number City State Zip

Manager Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Manager Home Address: \_\_\_\_\_  
Street Number City State Zip

EMERGENCY CONTACT PERSON(S):	NAME	RELATIONSHIP	HOME PHONE
_____	_____	_____	_____
_____	_____	_____	_____

By obtaining an Occupational License, I agree to abide by the ordinances contained in the City of Fairway Municipal Code, the City of Fairway Zoning Code, and any conditions placed upon the issuance of said License. I also hereby grant the City of Fairway, upon notice, the right to inspect the licensed property for compliance with said regulations.

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**FOR CITY STAFF USE ONLY**

Zoning Classification \_\_\_\_\_ Type #  **LICENSE FEE \$** \_\_\_\_\_  full  partial

**APPROVED BY** \_\_\_\_\_ **Date Received** \_\_\_\_\_ **Check No.** \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

**All occupational licenses expire on June 30<sup>th</sup>.**  
**Renewal applications must be returned prior to July 15<sup>th</sup> to avoid penalty.**  
**New applications must be received within 10 calendar days of commencement of business.**

**MAIL APPLICATION and PAYMENT to:** **The City of Fairway**  
**4210 Shawnee Mission Parkway, Suite 100**  
**Fairway, Kansas 66205**

**If you have questions, please Contact Assistant City Clerk, Kim Young, at 913-262-0350 ext. 5202**

For City Staff: Please make copy for PD