



OCCUPATIONAL LICENSE APPLICATION

rev.06/01/18

City of Fairway
5240 Belinder, 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: _____ 1st floor: _____ 2nd floor: _____ 3rd 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 # **full**

LICENSE FEE \$ _____ **partial**

APPROVED BY _____ **Date Received** _____ **Check No.** _____

Special Instructions: _____

All occupational licenses expire on June 30th.
Renewal applications must be returned prior to July 15th 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
5240 Belinder
Fairway, Kansas 66205

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

