

City of Caldwell
14 West Central
Caldwell, KS 67022



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BUSINESS LICENSE APPLICATION

New Renewal EIN# or SS# _____ Date: _____
State tax ID # _____

APPLICATION FEE: \$25.00

Please Print or Type

Name of Business: _____

Street Address: _____

City/State/Zip: _____ Business Phone: _____

Mailing Address: _____

City/State/Zip: _____

Business Owner: _____ Home Phone: _____

Home Address: _____

(Street, City, State, Zip)

E-mail Address: _____ Send yearly renewal reminder by e-mail Yes No

DESCRIPTION OF BUSINESS
(Check all that apply)

General Business:

Home Occupation:

- | | | |
|--|---|--|
| Sales Dealership <input type="checkbox"/> | Insurance <input type="checkbox"/> | Hair Salon <input type="checkbox"/> |
| Salvage <input type="checkbox"/> | Manufactured Home Park <input type="checkbox"/> | Day Care <input type="checkbox"/> |
| Auto Repair <input type="checkbox"/> | Manufacturer <input type="checkbox"/> | Office <input type="checkbox"/> |
| Contractor <input type="checkbox"/> | Nursing Home <input type="checkbox"/> | Other - Specify below <input type="checkbox"/> |
| General <input type="checkbox"/> | Professional Service <input type="checkbox"/> | _____ |
| Electrical <input type="checkbox"/> | Real Estate Sales <input type="checkbox"/> | Other |
| Plumbing <input type="checkbox"/> | Refuse Hauler <input type="checkbox"/> | Faith Organization <input type="checkbox"/> |
| Mechanical <input type="checkbox"/> | Restaurant / Tavern <input type="checkbox"/> | _____ <input type="checkbox"/> |
| Other-Specify <input type="checkbox"/> | Retail <input type="checkbox"/> | |
| Financial Institution <input type="checkbox"/> | Other-Specify <input type="checkbox"/> | |

Application Signature: _____

EMERGENCY REFERENCE: Persons to notify in case of Emergency other than Business Owner.
(Example: Closest Key Holder, Business Manager, Property Owner)

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>
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OFFICE USE ONLY

Date Received: _____ City Administrator _____

State Registration Active/Good Inactive *If in physical building*
Cert. of Insurance Zoning type _____ Conforming Yes No

License No. _____ Fee: _____ Fire Inspector _____ Building Inspector _____