

Name of Business: _____

Mailing Address: _____
Street or P.O. Box City State Zip

Phone: _____ Email: _____

Physical Business Address: _____

Regular Business Days and Hours: _____

After Hours Emergency Contact Information: *(Please provide two contacts, if possible.)* This information will assist public safety agencies in case of emergency.

Nature of Business: _____

EIN or Kansas Sales Tax Number: _____

Is the business located in commercial, planned commercial or industrial zoning district within Edgerton?
Yes No If so, which district: _____

Is the business located in-home within a residential zoning district within Edgerton? Yes No

Please remit \$5.00 licensing fee with the application.

I, the above named applicant, affirm that the information provided in this application is true and correct to the best of my knowledge.

Signature

Date of Application

Printed Name and Title