

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.

Applicant and Title_____
Date of Application_____
Printed Name