

The application is filed on a calendar year but is pro-rated downward through the year on a quarterly basis, at the time when application is submitted.

You will need to cross reference the occupation tax schedule for the correct year, identify the column for when the application is being submitted and note the corresponding amount due.

A general heading of contractor types will cross reference to the amount due at the time application is made. If needed, more descriptive information on contractor types follows at the bottom of the schedule.

Information from the schedule should be entered on the application for the description of business, NAICS Code, date application submitted, and the corresponding due amount.

Additional requirements that may apply are noted. If additional documentation is required, original bonds need to be submitted with the application (insurance certificates are not required unless noted). Master and Employee applications need to be submitted to building inspection at time application is made with our office. Copy of state registration (roofing contractors) needs to be submitted with the application.

La solicitud se presenta en un año calendario pero se prorratea a la baja durante el año trimestralmente, en el momento en que se presenta la solicitud.

Tendrá que hacer una referencia cruzada del cronograma de impuestos de ocupación para el año correcto, identificar la columna para cuando se envía la solicitud y anotar el monto correspondiente.

Un encabezado general de tipos de contratista hará una referencia cruzada al monto adeudado en el momento de la solicitud. Si es necesario, más información descriptiva sobre los tipos de contratista sigue en la parte inferior del programa.

La información del cronograma debe ingresarse en la solicitud para la descripción de la empresa, el Código NAICS, la solicitud de fecha presentada y el monto adeudado correspondiente.

Se anotan los requisitos adicionales que pueden aplicarse. Si se requiere documentación adicional, los bonos originales deben enviarse con la aplicación (no se requieren certificados de seguro a menos que se indique). Las solicitudes de Master y Employee deben enviarse a la inspección del edificio en el momento en que se realiza la solicitud en nuestra oficina. Se debe enviar una copia del registro estatal (contratistas de techado) junto con la aplicación.



BUSINESS LICENSE DIVISION

Web Page App

Neighborhood Resource Center
Unified Government of Wyandotte County/ Kansas City, Kansas
4953 State Avenue, Kansas City, Kansas 66102
p. (913) 573-8780 | f. (913) 573-8622 | www.wycokck.org/businesslicense

2018 Occupation Tax Application

Application Form
Please complete all information and return
to the Business License Division

Business Name / Mailing Address
(if different than business address)

X _____

Date Application Submitted: _____

Business

For Office Use Only

Description of Business Business License Number NAICS Code

X _____ Business Name X _____ Business Organization
(Individual, Partnership, Corporation, LLC, etc.)

Business Address: X _____ NOT P.O. Mail Box _____ Street _____ City / State / ZIP Code

X _____ Business Phone X _____ Business Fax _____ Business Email

Minority Status of Ownership: (Check if applicable)
 Asian/Pacific Islander Black Hispanic
 American Indian/Alaskan Native Woman Hub-Zone

Square Footage Interior _____ Exterior _____	Number Of: X _____ Employees _____ Vehicles _____ Units	Kansas State Sales Tax Id Number _____
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Manager

X _____ Manager / Resident Agent _____ D.O.B. _____
 _____ Address 1 _____
 _____ Address 2 _____
 _____ City / State / ZIP Code _____ Phone _____

Owner

X _____ Owner / Corporate Name _____ D.O.B. _____
 _____ Street _____
 _____ City / State / e _____ Phone: _____

Occupation taxes are due. Please remit promptly.
The Unified Government Occupation Tax is effective until 12-31-18

Make check or money order **payable to:**
Unified Government License Division. Mail to the address listed at the top of this form.

UNIFIED GOVERNMENT OCCUPATION TAX DUE:

For Office Use Only

<i>Receipt Number</i>	<i>Date Paid</i>

X _____
Signature Please sign and return with your remittance

X _____
Title

The filing of this statement neither confirms nor denies the use of land as regulated by the zoning ordinances of Kansas City, Kansas, nor relieves the applicant from compliance with any other regulating ordinance.