

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](http://www.wycokck.org/businesslicense)

## 2017 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 _____	X Number Of: 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 12-31-17

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*

Receipt Number	Date Paid
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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.