



Business License Division

Neighborhood Resource Center

Unified Government of Wyandotte County and Kansas City, Kansas

4953 State Avenue
Kansas City, Kansas 66101
www.wycokck.org/business

Phone: (913) 573-8780
Fax: (913) 573-8622
Email: businesslicense@wycokck.org

Commercial License Memorandum

General Information:

Applicant(s) Name: _____ Company: _____

Business Address: _____ City/State: _____ Zip: _____

Telephone: _____ Email: _____

Business Information:

Choose one: New Business Existing Business Moving Locations

What type of Business are you operating? _____

What services will the business provide? _____

Is there a co-occupying business? Yes No

If so, what is the name of the business(es): _____

Is there Cereal Malt Beverage Service? Yes No

Is there Liquor Sales or Service? Yes No

Will there be live entertainment (D.J, karaoke, live band, other)? Yes No

Will there be hazardous materials on site? Yes No

Will you be selling used vehicles? Yes No

Will you perform maintenance on vehicles? Yes No

Will there be any salvage materials stored on-site? Yes No

Is this a short-term rental (29 days or fewer)? Yes No

Is this a group home, halfway house, transitional living house, or childcare facility?

Yes No

NOTICE:

Should any signs be painted, refaced, hung, or installed on the building or property, a sign permit must be obtained through the office of Planning + Urban Design. Please call (913) 573-5750 or email signpermits@wycokck.org for further information.

Should there be any exterior modifications or modifications to mechanical equipment, electrical equipment or plumbing, a Building Permit shall be obtained through the Building Inspection Division. Please call (913) 573-8620 or email BuildingInspection@wycokck.org for more information.

Check with the State of Kansas, Department of Revenue and Department of Agriculture to ensure no additional state licensure is required for your business. Contact information can be found at <https://www.ksrevenue.gov/contactus.html>

Once approved by Planning + Urban Design and Building Inspection Staff, you will complete the registration process with the Business License Division.

Business Representative Signature: _____ **Date:** _____

STAFF USE ONLY

Zoning District: _____

Parcel Number: _____ **NAICS Code:** _____

Zoning Entitlement Numbers: _____

Special Use Permit Required? Yes No **SUP Number:** _____

Staff Determination:

Planning and Zoning: Approved Denied **Building Inspection:** Approved Denied

Flood Plain: Approved Denied

Explanation of Denial: _____

Staff Name: _____ Staff Signature: _____

Staff Name: _____ Staff Signature: _____

Staff Name: _____ Staff Signature: _____