



Business License Division

Neighborhood Resource Center
Unified Government of Wyandotte County/Kansas City, KS
4953 State Ave, Kansas City, KS 66102
p. (913)573-8780 | e-mail: businesslicense@wycokck.org
www.wycokck.org/businesslicense

Commercial Occupation Tax Application

Please complete all information and return to the Business License Division

Date: _____ **Business Start Date:** _____ **NAICS Code:** _____

Business Name: _____ **Type of Business:** _____

Address: _____ **City/State/Zip:** _____

Mailing Address (if different): _____ **City/State/Zip:** _____

Business Telephone: _____ **Email:** _____

Kansas Sales Tax ID #: _____ **Kansas Tobacco Dealer License #:** _____

Organization Type: _____ (Individual, Partnership, Corporation, LLC)

Vehicles: _____ **Employees:** _____ **Units:** _____ **Square Footage: Int** _____ **Ext:** _____ (where applicable to business type)

Business Owner

Name: _____ **Phone:** _____ **Email:** _____

Address: _____ **City/State/Zip:** _____

Business Manager (if different from owner)

Name: _____ **Phone:** _____ **Email:** _____

Address: _____ **City/State/Zip:** _____

Occupation taxes are due. Please remit promptly. The Unified Government Occupation Tax must be renewed annually by December 31st.

Make checks payable to : Unified Government License Division and mail to the address above, e-mail to businesslicense@wycokck.org or submit in person at the address above.

I DECLARE UNDER PENALTY OF FALSE STATEMENT THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE STATEMENTS MADE HEREIN ARE CORRECT AND TRUE. K.S.A. 53-601

UNIFIED GOVERNMENT OCCUPATION TAX DUE: \$ _____

Signature: _____ **Title:** _____

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

For office use only

Receipt Number: _____ **Date Paid:** _____ **Business License Number:** _____