



**BUSINESS LICENSE DIVISION**

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)

APPLICATION FOR SPECIAL EVENTS / CONCERTS

NAME OF APPLICANT \_\_\_\_\_

HOME ADDRESS OF APPLICANT \_\_\_\_\_

BUSINESS ADDRESS OF APPLICANT \_\_\_\_\_

PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

E-MAIL ADDRESS APPLICANT \_\_\_\_\_

**NAME & ADDRESS OF PROPERTY OWNER WHERE EVENT WILL BE HELD:**

\_\_\_\_\_  
\_\_\_\_\_

TYPE OF EVENT: \_\_\_\_\_

GIVE BRIEF DESCRIPTION OF ACTIVITIES AT THIS EVENT \_\_\_\_\_

\_\_\_\_\_

DATE OF EVENT FROM \_\_\_\_\_ TO \_\_\_\_\_

AMOUNT DUE: \$ 132.00 (per day)

Make check or money order payable to the **Unified Government/Business License Division.**

I \_\_\_\_\_, declare under penalty of false statement, that to the best of my knowledge and belief, the above information is correct and true. This \_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
Applicant's Signature & Title

**FOR OFFICE USE ONLY**

RECORD # \_\_\_\_\_

INSPECTOR # \_\_\_\_\_

RECEIPT # \_\_\_\_\_

HEALTH APPROVAL YES  NO

PLANNING APPROVAL YES  NO

INSURANCE APPROVAL YES  NO