

300 E Maple St Columbus, KS 66725 Phone: (620) 429-2159

Fax: (620) 429-1159

BUSINESS LICENSE APPLICATION

Application Date:		Initial \$25.0		Annual Fee* \$25.00	*A \$10 per month late renewal penalty is enforced
Common Business Name (DBA)			Legal Business Name (if different from DBA)		
Type of Business (Retail, Restaurant, Medical, etc.) Check if Home Occupation Permission to release business			PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS - THANK YOU		
Physical Address			Federal ID & Sales Tax Number		
Mailing Address (if dif	ferent from Physical Addr	ess)			
Business Phone Number Business Fax Number		Number	Business E-mail Address (For City Use – Public Notifications)		
Days of Operation	Hours of Operation T	Total Square	-ootage	# Full Time / Pa	art Time Employees
(This information	BUSINESS (will be used by the Police Depart				f an emergency)
Owner/Operator (primary contact)	Address	H	Iome Phone	Ce	II Phone
Manager or Local Contact	Address		Home Phone		II Phone
Other Business Contact	Address		lome Phone		II Phone
(This information	ALARM & CLEAN will be used by the Police Depart				f an emergency)
Alarm Type (Check O	ne): None Burglar:	Audible	Silent	Hold-up:	Silent
Alarm Company Name Alarm Cor		n Company F	ny Phone Afte		Phone (Emergency)
Cleaning Service Name		Cleaning Service Phone		After Hours Phone (Emergency)	