

Business License Registration

City of Liberal

\$20.00



Check (✓)

- New Business License
- Renewal
- Change of Ownership
- Change of Address

324 N. Kansas Ave.

P.O. Box 2199

Liberal, Kansas 67905

Trade Name or DBA
(FOR OFFICE USE ONLY)

Legal Name of Business: _____

Trade Name or DBA: _____

Physical Business Address:

Mailing Address:

City State Zip Code

City State Zip Code

Business Telephone Number:

Business Fax Number:

Other Business Telephone Number:

Business E-Mail Address:

Type of Business (Check One)

- Sole Proprietorship
 Partnership
 Corporation
 L.L.C
 Non-Profit Org.
 Other _____

Type of Business Activity: (Check all that apply and provide as much detail as possible below)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Admissions | <input type="checkbox"/> Financial/Insurance/Banking | <input type="checkbox"/> Accommodation/Travel/Lodging |
| <input type="checkbox"/> Wholesale | <input type="checkbox"/> Service | <input type="checkbox"/> Automotive | <input type="checkbox"/> Management |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Utility |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation | <input type="checkbox"/> Professional/Scientific/Technical | <input type="checkbox"/> Food/Restaurant |
| <input type="checkbox"/> Warehousing | <input type="checkbox"/> Mining | <input type="checkbox"/> Non-Professional Services | <input type="checkbox"/> Entertainment/Recreation |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Health Care/Social Assistance | <input type="checkbox"/> Information Technology Services | <input type="checkbox"/> Other: _____ |

Describe Primary Business Activity in Detail:

Describe Additional Business activity in Detail:

Provide All Licenses and/or Permits Applicable To Your Business: (Copy of current State of Kansas licenses or permits must accompany all request forms.)

Type of License or Permit	Number	Type of License or Permit	Number
Federal Employers Identification	# _____	Other _____	# _____
Social Security (Sole Proprietorship)	# _____	Other _____	# _____
Kansas State Sales Tax	# _____	Other _____	# _____
Cereal Malt Beverage License	# _____	Other _____	# _____
Alcoholic Beverage Control License	# _____	Other _____	# _____

(Note: Additional licenses or endorsements may be required depending on the business activity.)

I declare under penalty of perjury that to the best of my knowledge and belief the statements made herein are true and correct.

Signature of Owner or Corporation Agent/Owner _____

Title _____

Date _____

The filing of this request or the granting of a business license shall in no way constitute waiver of any applicable requirements or regulations of city, county, state or federal government agencies, or acquisition of all applicable permits or licenses or payment of applicable fees.

FOR OFFICE USE ONLY

Date Rec'd: _____
 Occupancy Inspection Date: _____
 Business License #: _____
 Amount Rec'd: _____
 Date License Sent: _____
 Payment Method: _____

Business License Number: