

## City of Mission Occupational / Business License Renewal

**Occupational Licensing Period is July 1<sup>st</sup> through June 30<sup>th</sup> and must be renewed annually.**

Business Name:	License Number:
Physical Address:	Mailing Address:
City/State/Zip:	City/State/Zip:
Billing Contact Name:	Billing Contact E-mail:
Local Contact/Store Manager:	Store/Business Phone:
Business Owner's Name:	Address:
Business Description:	Website Address:

### Business Activity

Have you previously licensed at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No First date at this location: _____
Who owns the building in which you lease space? _____
What is the total square footage your business occupies? _____
How many people work at this location? Full-time: _____ Part-time: _____
If you are an insurance agency, how many AGENTS work in your office: _____
<b>Sales Tax ID #:</b> _____
If you are required to collect State sales tax, please attach or email a copy of your State Sales Tax Certificate.

### Additional Contact Information

Email Address: _____
Social Media: _____
The City may e-mail me information and updates on City services and programs. <input type="checkbox"/> Yes <input type="checkbox"/> No
Please include my email address on the City's on-line Business Directory. <input type="checkbox"/> Yes <input type="checkbox"/> No

### Statement

<p>I declare under penalty of false statement that, to the best of my knowledge and belief, the statements made on this application are correct and true. I agree to comply with all local, State, and Federal laws which govern business operations. I have reviewed the City of Mission Municipal Code regarding commercial businesses and agree to comply with all regulations as set forth.</p> <p><b>Applicant Signature:</b> _____ <b>Date:</b> _____</p>
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### Payment and Processing

<b>Payment Amount:</b>	<p><b>*UPDATE for 2020: Due to COVID-19, please complete your fillable online application at <a href="http://missionks.org/documents.aspx">missionks.org/documents.aspx</a> then select <i>Business License Documents</i>.</b></p> <p><b>*Applications can be emailed to <a href="mailto:amclanahan@missionks.org">amclanahan@missionks.org</a> and credit card payment processed, via phone, by calling 913-676-8350.</b></p> <p style="text-align: center;"><b>Thank you for helping our City and staff stay safe!</b></p>
	<p><b>If you are unable to complete the form electrically, mail application and payment fee to:</b>                  City of Mission                  Occupational / Business Licensing                  6090 Woodson                  Mission, KS 66202</p>

<b>Office Use Only:</b>	License No. _____
Application Received: _____	Payment Received: _____ Cash _____ Check No. _____
License Issued: _____	