

CITY OF HAYSVILLE BUSINESS REGISTRATION AND PERMIT TO OPERATE APPLICATION

THE RECEIPT OF MONIES DOES NOT CONSTITUTE APPROVAL OF APPLICATION

BUSINESS INFORMATION

Business Name:

Business Address:

Business Mailing Address If different:

Business Phone Number:

Mobile/Cell Number:

Type of Business Conducted/Nature of Business:

Please list any and all direct or collateral public health, safety, or welfare concerns which might create a special law enforcement problem, including an unusual increase in the amount of lighting, noise, odor, vehicle traffic, or pedestrian traffic within an area.

Business Email/Website

Approx. square footage of business:

Number of Employees other than household members:

List all types of combustible substances used or kept on the premises that may cause a fire hazard:

If business is a Daycare, are you licensed with the State of KS?

Yes; license #: _____

If business is a restaurant, can you provide food handlers licenses for each employee handling food? Yes _____ No _____

OWNER/MANAGER INFORMATION

Name of Business Owner:

Home Phone Number:

Mobile Number:

Owner Home Address:

Owner Date of Birth:

Social Security Number:

Driver License State / Number

Name of Manager if different from above:

Home Phone Number:

Mobile Number:

Manager Home Address:

Manager Date of Birth:

Social Security Number:

Driver License State / Number

Application received by City Clerk on _____

By _____

Amount Paid _____

Receipt # _____

Next Council Date _____

Will Owner Attend? _____

Certification:

I certify that I am the applicant seeking this Business Registration, that all foregoing information is true and I am aware that any falsification on this form and any attachments hereto is cause for revocation of the Business Registration issued as a result thereof. I hereby agree to be the responsible party for any violation of the Code associated with this license.

Signature of applicant

Date**Agreements:**

I, _____, hereby agree to comply with all of the ordinances of the City of Haysville and the laws of the State of Kansas, and all the rules and regulations prescribed by the City, and all provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a business registration does not presume to give authority to violate or cancel the provisions of any other federal, state, or local law regulating construction or the performance of construction. I agree to notify the City immediately if any information provided on this application shall change at any time prior to or during the term of the permit, and do hereby further consent to the immediate revocation of my Business Registration, by the City Clerk Department, for any violation of such laws, rules and regulations.

Signature of applicant

Date**PLANNING DEPARTMENT**

Zoning Classification: _____ Property Platted: Yes _____ No _____ Property Properly Screened: Yes _____ No _____ N/A: _____

Allowable Use: Yes _____ No _____ Exception Use: _____ Approved by Governing Body: _____ Date: _____

With the exception of Restrictive Covenants and allowable uses, business meets required Zoning Ordinance: Yes _____ No _____

If no, explain: _____

Meets required Sign Code: Yes _____ No _____ If no, explain: _____

Planning Coordinator _____ Date: _____

INSPECTION DEPARTMENT

Inspection Date: _____

Meets required Building Code: Yes _____ No _____ If no, explain: _____

Meets required Plumbing Code: Yes _____ No _____ If no, explain: _____

Meets required Electrical Code: Yes _____ No _____ If no, explain: _____

Meets required Mechanical Code: Yes _____ No _____ If no, explain: _____

With exception of ADA requirements, I have found that the business does _____ does not _____ meet the above requirements.

City Inspector: _____ Date: _____

POLICE DEPARTMENT

Background investigation completed: Yes _____ No _____

Business has a significant effect upon the City's ability to provide law enforcement services: Yes _____ No _____

If yes, explain: _____

Police Chief: _____ Date: _____ City Attorney Initials (if applicable) _____

If business has met all requirements, the City Clerk may issue a Business Registration and Permit to Operate.

CITY OF HAYSVILLE POLICE DEPARTMENT IN CASE OF EMERGENCY

Business Name:

Business Address:

Please list in order (1, 2, 3) the persons to be notified in case of an emergency at your business.

1. ☐ Owner ☐ Manager ☐ Employee ☐ Keyholder

Name—Last, First Middle:	Home Phone Number:	Mobile Number:
Residence Address:	Hair:	Eyes:
Date of Birth:	Race:	Sex:
Driver License Number:	Height:	Weight:

2. ☐ Owner ☐ Manager ☐ Employee ☐ Keyholder

Name—Last, First Middle:	Home Phone Number:	Mobile Number:
Residence Address:	Hair:	Eyes:
Date of Birth:	Race:	Sex:
Driver License Number:	Height:	Weight:

3. ☐ Owner ☐ Manager ☐ Employee ☐ Keyholder

Name—Last, First Middle:	Home Phone Number:	Mobile Number:
Residence Address:	Hair:	Eyes:
Date of Birth:	Race:	Sex:
Driver License Number:	Height:	Weight: