Business License Application

201 West 4th Street - P.O. Box 68
Pittsburg, Kansas 66762 - (620) 231-4100
Fax – (620) 231-7327

Complete all items that pertain to your business on both sides of the application.

About the Applicant			
Applicant Name			
Applicant Address	City	State	Zip
Applicant Phone Number			

About the Business			
Business Name			
Business Address	City	State	Zip
Business Phone Number			

Nature of the business to be carried on or the goods to be sold AND the length of time such applicant has been engaged in the business:

If employed, the name and address of the employer, together with credentials establishing such relationship:

The length of time which business is proposed to be carried on:

The place where services are to be performed or where the goods or property are proposed to be sold or orders taken for the sale thereof; are manufactured or produced, where such goods or products are located at the time the application is filed, and the proposed method of delivery:

Has the applicant, or any partner, member of or stockholder of the applicant, had a previous business license revoked by the City of Pittsburg, Kansas?	
☐ Yes	☐ No

Has the applicant, or any partner, member of or stockholder of the applicant, ever been convicted in court of an offense against the laws in the State of Kansas or ordinances of the City of Pittsburg regulating the applicant's profession, business or occupation?	
☐ Yes	☐ No

Has the applicant, or any partner, member of or stockholder of the applicant, ever been convicted in any court of any offense against the laws of the State of Kansas or ordinances of the City of Pittsburg involving dishonesty, fraud or moral turpitude?	
☐ Yes	☐ No

Optional Information	
Federal ID Number	
Social Security Number	Driver's License Number

I, _____, the above-named applicant, hereby certify that I have read the contents of this application, and that all information and answers herein contained are true and correct. I understand fully that making any false claims or statements on this application will be grounds for revocation of the City license to which this application refers. I will notify the Finance Department of any change of address that may occur during the term of the license granted hereunder. I further understand that a building permit is required for any alteration to a building and for the placement of a sign.

Applicant's Signature: _____ Date: _____

For Office Use Only
Zoning District
Zoning Approved By
Fireworks Location Approval (Fire Chief's Signature)
License Number
License Fee
Date Issued