

# 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:
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Business Mailing Address If different:
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Business Phone Number:	Mobile/Cell Number:
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Type of Business Conducted/Nature of Business:
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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.

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Business Email/Website
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Approx square footage of business:	List all types of combustibile substances used or kept on the premises that may cause a fire hazard:
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Number of Employees other than household members:	If business is a restaurant, can you provide food handlers licenses for each employee handling food? Yes ____ No ____
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## OWNER/MANAGER INFORMATION

Name of Business Owner:	Home Phone Number:	Mobile Number:
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Owner Home Address:
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Owner Date of Birth:	Social Security Number:	Driver License State / Number
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Name of Manager if different from above:	Home Phone Number:	Mobile Number:
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Manager Home Address:
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Manager Date of Birth:	Social Security Number:	Driver License State / Number
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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

**Any registration secured under this article shall not be transferable. Upon a change of locations within the city, a business shall re-register without payment of the required fee. Chapter 5 Article 105 Haysville Municipal Code.**

**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, meets required Zoning Ordinance: Yes \_\_\_\_\_ No \_\_\_\_\_

If no, explain \_\_\_\_\_

\_\_\_\_\_

Planning Coordinator \_\_\_\_\_ Date \_\_\_\_\_

**INSPECTION DEPARTMENT**

Inspection Date \_\_\_\_\_

Meets required Sign Code Yes \_\_\_\_\_ No \_\_\_\_\_ If no, explain \_\_\_\_\_

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 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.**