



OCCUPATIONAL LICENSE APPLICATION
City of Merriam, 9000 W 62nd Terrace, Merriam, KS 66202-2815
Phone: 913-322-5520 • Fax: 913-322-5505 • www.merriam.org

rev.10/27/08

Application Date: ___/___/___

Name of Business: _____
(PLEASE PRINT BUSINESS NAME as you would like it to appear on the occupational license certificate)

Business Address: _____
Street Number City State Zip

Business Phone: _____ Email: _____ Business Fax: _____

Type of Business: _____ Sq. Footage: _____ # of Employees: _____
Merriam business only

SUB-TYPE: (Please check one) FOR MOTEL/HOTEL or NURSING HOMES please provides # of Unit/Room: _____

- Retail Office Warehouse Contractor Home Occupation Drinking Establishment Other

Owner Name: _____ Home Phone: _____ Fax: _____

Owner Home Address: _____
Street Number City State Zip

Manager Name: _____ Home Phone: _____ Fax: _____

Manager Home Address: _____
Street Number City State Zip

Emergency contact Person(s):

NAME

RELATIONSHIP

HOME PHONE

By obtaining an Occupational License, I agree to abide by the ordinances contained in the City of Merriam Municipal Code, the City of Merriam Zoning Code, and any conditions placed upon the issuance of said License. I also hereby grant the City of Merriam, upon notice, the right to inspect the licensed property for compliance with said regulations.

Name (Print): _____ Signature: _____ Title: _____

** MERRIAM BUSINESSES ONLY (Must complete the Fire Pre-Plan/Alarm Registration on the back page) **

FOR CITY USE ONLY

Zoning Classification _____ Type # [] LICENSE FEE \$ _____ [] full [] flat [] half [] floor area

APPROVED BY _____

Special Instructions: _____

All occupational licenses expire on December 31st. Renewal applications must be returned prior to January 15th to avoid penalty. New applications must be received within 7 calendar days of commencement of business.

FAX or MAIL APPLICATION/PAYMENT METHOD: [] Payment Enclosed: Check No: _____

[] Charge to:



Account No: _____ Expiration Date: _____ V-code: _____
(Last three # on the back of card)

Street Address: _____ Zip Code: _____ Contact Phone #: _____
(of cardholder)

Name (on card): _____ Signature: _____

PRE-PLAN FOR FIRE PROTECTION/ALARM REGISTRATION APPLICATION

**** For Merriam Businesses use ONLY and must be updated annually ****

CITY ALARM REGISTRATION #: _____ **Fire / Police**
For renewal only (please circle one)

This form is being made available for all Merriam businesses to assist the fire and police department in providing service to you during an emergency. Please complete the form and return to the City of Merriam. The information will be included in current pre-fire and alarm plans for your property and added to our records annually.

Name of Business: _____

Address: _____ Zip: _____ Phone: _____ Fax: _____

Business Owner: _____ Home Address: _____

Home Phone: _____ Cell Phone: _____

Building Owner: _____ Address: _____

Phone: _____ Cell: _____ Fax: _____

Should the Fire or Police Department need to speak with a responsible party in case of EMERGENCY associated with the alarm system the following persons will be phoned in the following order:

	<u>NAME:</u>	<u>RELATIONSHIP:</u>	<u>WORK:</u>	<u>MOBILE:</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

BUSINESS HOURS: Open _____ Close _____ Exceptions _____ Number of Employees: _____

HANDICAP EMPLOYEES: Number _____ Location _____

Type of Structure:

Commercial _____ Single family residence _____ Apartment _____ Single store _____ Multiple floor _____ Basement entry _____

Type of Alarm System:

Audible _____ Silent _____ Warning Light _____

System Denotes:

Intrusion _____ Robbery _____ Medical Emergency _____ Fire _____

ALARM CO. NAME: _____

ALARM CO. ADDRESS: _____

ALARM CO. PHONE: _____ DATE OF ALARM ACTIVATION: _____/_____/_____

HAZARDOUS MATERIALS:

Type: _____ Location: _____

Quantity _____ Name of Hazardous Materials _____

SPECIAL CONDITIONS:

Location of Utility Shut-Offs _____

Location and Name of Special Records and Documents: _____

Number of Floors: _____ Below Ground Level Floors: YES _____ NO _____ Building Sprinkled: YES _____ NO _____

Location/Type – Fire Protection and Processes _____

Special instructions to assist the fire & police department in protecting lives and property during an emergency:

Date form completed

Printed Name

Signature

MERRIAM FIRE DEPARTMENT
Business 913-322-5530 • Fax 913-322-5535
Fire Marshall - 913-322-5538
e-mail: bobb@merriam.org

Return this form to: Merriam City Hall
Attn: Licensing Dept.
9000 W. 62nd Terrace
Merriam, KS 66202-2815

MERRIAM POLICE DEPARTMENT
Business 913-322-5560 • Fax 913-322-5565
Alarm Coordinator – 913-322-5564