



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

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: _____

SUB-TYPE: (Circle One)
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

FOR OFFICE USE ONLY
Zoning Classification _____ Type # [] LICENSE FEE \$ _____
[] one time [] full [] half
Approved By _____ [] flat [] floor area
Special Instructions: _____

MERRIAM BUSINESSES ONLY: Complete the Fire Pre-Plan on the back for Merriam Businesses only

Alarm Company Name: _____ Phone: _____ Activation Date: _____

Alarm Company Address: _____
Street Number City State Zip

Emergency contact Person(s):
Table with columns: 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: _____

All occupational licenses expire on December 31st. Renewal applications must be returned prior to March 1st.
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:
[] VISA [] MasterCard [] DISCOVER

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: _____

