



611 Mulberry Road, Suite 300
 Derby, KS 67037
 Phone 316-788-3081 / Fax 316-788-6067
www.derbyks.com

Application for Business Registration

Application Date: _____ Initial Fee \$20.00 Annual Renewal \$20.00 Renewal (After 1/31) \$30.00

Common Business Name (DBA) _____ Legal Business Name (if different from DBA) _____

Type of Business (Retail, Restaurant, Medical, etc.) _____

Check if Home Occupation

**PLEASE NOTIFY US IF YOU DISCONTINUE
YOUR BUSINESS – THANK YOU**

Physical Address _____ Zone District _____ Permission to release business information to media

Mailing Address (if different from Physical Address) _____

() _____ () _____ Business E-mail Address (For City Use – Public Notifications) _____
 Business Phone # Business Fax #

Days of Operation _____ Hours of Operation _____ Total Square Footage _____ # Full Time / Part Time Employees _____

BUSINESS CONTACT INFORMATION

(This information will be used by the Police Department to contact a responsible party in the event of an emergency)

| | | | |
|----------------------------------|---------------|------------------|------------------|
| Owner/Operator (primary contact) | Address _____ | Home Phone _____ | Cell Phone _____ |
| Manager or Local Contact | Address _____ | Home Phone _____ | Cell Phone _____ |
| Other Business Contact | Address _____ | Home Phone _____ | Cell Phone _____ |

If business is affiliated with a Corporation, Partnership or Franchise, please complete the following:

| | | | |
|------------|---------------|----------------------|--------------------|
| Name _____ | Address _____ | Business Phone _____ | Business Fax _____ |
|------------|---------------|----------------------|--------------------|

ALARM & CLEANING SERVICE INFORMATION

(This information will be used by the Police Department to contact a responsible party in the event of an emergency)

Alarm Type (Check One): None Burglar: Audible Silent Hold-Up: Silent

Alarm Company Name _____ Alarm Company Phone _____ After Hours Phone (Emergency) _____

Cleaning Service Name _____ Cleaning Service Phone _____ After Hours Phone (Emergency) _____

| To Be Completed by Planning & Engineering Dept. | | |
|---|--|--|
| | | |
| City Planner Approval / Date | Fire Department Inspection / Date Approved | Building Official Inspection / Date Approved |