



City of Frontenac, Kansas
 313 E. McKay St.
 Post Office Box 1012
 Frontenac, KS 66763
 Tel: (620) 231-9210
 Fax: (620) 231-1421

**Business License
 Application & Renewal**

Application Date: _____

Business License Fee: \$ _____

Legal Business Name: _____

Business Address: _____

Federal EIN: _____ Business Phone: _____

Type of Business: _____

Business Manager: _____

Phone: _____ Email: _____

Owner Information:

Owner Name: _____ Phone: _____

Owner Address : _____

Owner SSN*: _____ *Required for Retail Only

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true and correct.

 Signature/Date

Insurance Information:

Liability Insurance Company**: _____

** License is conditional upon receiving a copy of the Certificate of Liability Insurance.

- (1) Businesses must comply with the City of Frontenac, Zoning Ordinance and Subdivision Regulations and provide a copy of any license or certificate necessary to operate. Home-based businesses must apply for and be granted a Special Use Permit.
- (2) Roofing contractor's license is conditional upon receiving a copy of the State of Kansas, Roofing Contractor Registration Certificate.
- (3) Plumbing, Electrical, and Mechanical if a masters licenses or journeyman licenses is obtained, please provide a copy.
- (4) Business license expires annually on December 31st. A \$10 per month late penalty will be enforced after January 31st.

Office Use Only:

Staff Approval

 Date Received

 City Administrator

 City Clerk