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Date / /

Business License ApplicationNon-Profit / Exempt Organization17101 W 87 Street Pkwy
Lenexa, KS 66219Phone 913-477-7725
Fax 913-477-7730

www.lenexa.com

Common Name of Organization (dba)	Legal Name of Organization (if different than dba)	
Physical Address of Organization:		
	Lene	
Street # (or range of #s) and Name	Suite, Apt, Pillar, etc.	Zip
()	<u>()</u>	<u>()</u>
Organization Address Phone #	Cell #	Fax #
Mailing Address: (if different from Physical Addre	ess)	
Name for Mailing Address:	□ Legal Name □ Other	
Street # (or range of #s) and Name	Suite, Apt, Pillar, etc. City	State Zip
()	()	()
() Mailing Address Phone #	Cell #	/ Fax #
Contacts:		
 Primary Contact:		
Name	Title/Type of Contact	Email Address
		· · · · · · · · · · · · · · · · · · ·
Home Address – Street # and Name City	State Zip	() () Phone # Cell Phone #
,		
Secondary Contact:		
Name	Email Address	
	<u>()</u>	<u>()</u>
Title/Type of Contact	Phone #	Cell Phone #
 Emergency Access Contacts. Who would be names in order of preference to call first: 	e able to provide access to your building	for City Emergency personnel? Print
a. Name	Tel #	Alternate Tel #
b. Name	Tel #	Alternate Tel #
c. Name	lel#	_ Alternate I el #
d. Name	Tel #	_ Alternate Tel #
Check only if either of these apply: This is a cha Is organization located in a Lenexa residence? Do you have a fire/intrusion alarm? I have attached a copy of my IRS tax exemptions.	N Y N Y - I will apply for an Alarm User R	
I declare under penalty of perjury that to the best of	of my knowledge and belief the statement	nts made herein are true and correct.
Signature of Organization Agent/Owner	Title	Date
The filing of this application or the granting of a business licer and is further subject to all applicable federal, state and local		

FOR OFFICE USE ONLY

License Effective from _____

Business License Number ____