



SPECIALTY BUSINESS LICENSE

| APPLICANT (all fields required) | | | |
|--|-------------|--------------|-------------------------|
| When a property is owned by a corporation or LLC, an associated person must be listed in this section. | | | |
| Business Name | | | City License No. |
| Physical Address (cannot be PO Box or commercial mailing service) | CITY | STATE | ZIP |
| Mailing Address | CITY | STATE | ZIP |

| BUSINESS TYPE | | | | |
|---|---|------|---------|-------|
| *Other licensing requirements may apply | | | | |
| Type | | # of | Cost | Total |
| Amusement or Musical Devise | Each automatic amusement device, per year | | \$15 | |
| Amusement or Musical Devise | Each automatic musical device, per year | | \$10 | |
| Billiard or Pool Hall | Billiard, pool table, each, per year | | \$10 | |
| Billiard or Pool Hall | Domino table, each, per year | | \$10 | |
| Pawnbrokers, Precious Metals Dealer | Per year | | \$25 | |
| Taxicabs | Each 6 month period | | \$12.50 | |
| Adult Entertainment | Business Application Fee | | \$2,500 | |
| Adult Entertainment | Annual Establishment License Fee | | \$2,500 | |
| Adult Entertainment | Annual Employee Permit Fee | | \$25 | |
| Scrap Metal Dealers | Initial Registration Fee | | \$400 | |
| Scrap Metal Dealers | Annual Renewal | | \$50 | |
| Total Included: \$ | | | | |

| APPLICANT AFFIRMATION |
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I affirm by my signature below that I have been provided with and am in compliance with all licensing standards outlined in Independence Code of Ordinance Chapter 62. I understand that failure to comply with any of these standards and/or conditions shall be adequate grounds for the denial, refusal to renew, revocation, or suspension of my license. I acknowledge that the City of Independence will hold me responsible for the maintenance, management, and any legal actions that may ensue for the above listed business. I agree that all correspondence sent from the City of Independence will be mailed to me as the appointed agent/contact person as listed in this section.

I acknowledge that any changes to the names, addresses, and other information concerning the persons on this application must be provided in writing to the City of Independence within ten days.

OWNER

SIGNATURE _____

Date _____

SIGNATURE _____

Date _____

| PAYMENT OPTIONS | |
|--|--|
| <p>In person via cash, check, money order, credit card</p> <p style="text-align: center;">City Hall 120 N. 6th St. Independence, KS 67301 M-Th 8 am - 4 pm Fri 8 am - Noon</p> | <p>By phone via credit or debit card information. Your completed application must have been received prior to payment.</p> <p style="text-align: center;"><i>MasterCard, Discover, American Express, and Visa</i> (620) 332-2500 M-Th 8 am - 4 pm & Fri 8 am - Noon</p> |
| <p>By drop box, in a sealed envelope with this application and check payable to the City of Independence included.</p> <p style="text-align: center;">410 N. Penn Independence, KS, 67301</p> | <p>By mail, with a check payable to the City of Independence</p> <p style="text-align: center;">120 N. 6th St. Independence, KS 67301</p> |