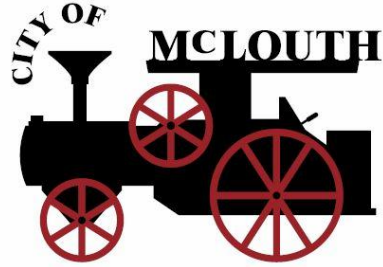


City of McLouth

110 N Union St
McLouth, KS 66054
Office: 913-796-6411
Fax: 913-796-6131
www.CityofMcLouth.org



Business Application

Date: _____

Name of Owner: _____

Owner Address: _____

Owner Phone: _____ Cell Phone: _____

Doing Business As: _____

Business Address: _____

Business phone number: _____ Cell Phone: _____

Type of Business: _____

Date of Council Meeting to attend for approval of application: _____

I hereby certify that the above application is true and correct to the best of my knowledge and agree to comply with all city regulations set forth in the City of McLouth Code and the laws of the State of Kansas.

I affirm that I, the owner of this business, shall not be involved in the sale of alcohol or any other controlled substances through business operations.

Signature of Applicant: _____ Date: _____

Office use Only			
Date Received:		Date Approved:	
Received by:		License Number:	
Date of Meeting to attend:			