



# OCCUPATIONAL LICENSE APPLICATION

City of Merriam

9001 W. 62<sup>nd</sup> Street, Merriam, KS 66202-2815

Phone (913)322-5520 • Fax (913)322-5505 • Web site [www.merriam.org](http://www.merriam.org)

Occupational licenses expire on December 31<sup>st</sup> of each year and must be renewed by January 15<sup>th</sup> to avoid penalty. Penalty applies to businesses located in Merriam only.

## BUSINESS INFORMATION

Application Date

Name of Business

*(Please print business name as you would like it to appear in the occupational license certificate)*

Business Street Address

City/State/Zip

Business Phone

Business/Co. Web Address

Email Address

Type of Business

Sq. Footage

# of Employees

## SUB-TYPE (Please check one)

Retail

Office

Warehouse

Contractor

Home Occupation

Other

Non-profit Organization

For Motel/Hotel or Nursing Home provide # of unit/rooms

## OWNER and MANAGER INFORMATION

Owner Name

Owner Home Address

Owner Office Phone #

Owner Cell Phone #

Owner Email Address

Manager Name

Manager Phone #

## IN CASE OF EMERGENCY CONTACTS

Name

Relationship

Phone #

Name

Relationship

Phone #

*By obtaining an Occupational License, I agree to abide by the ordinances contained in the City of Merriam Municipal Code of Ordinances, and any conditions placed upon the issuance of said License. I also hereby grant the City of Merriam, upon notice, the right to inspect the license property for compliance with said regulations.*

\*\*\*MERRIAM BUSINESSES ONLY-Must complete the Fire Pre-plan & Alarm Registration on page 2 and return to City Hall\*\*\*

Name

Signature

Title

## PAYMENT METHOD: Cash, Check or Credit Card

Check #: \_\_\_\_\_ . If paying by Credit Card please use Credit Card form or if filling out electronically, click on link on right.

<http://merriam.org/DocumentCenter/View/566>

## FOR CITY STAFF ONLY

Zoning Classification :

Type Code # :

Endorsement Area

Full

Half

Flat

Floor Area

FEE \$:

Approved By :

Special Instructions :

**PRE-PLAN FOR FIRE PROTECTION & ALARM REGISTRATION APPLICATION**

City Alarm Registration # \_\_\_\_\_ Fire  Police  (please check one)

***This form MUST be updated annually for Merriam businesses only and return it to the City Hall***

This form is being made available for all Merriam businesses to assist the Fire and Police Department in providing service to you during an emergency. Please complete this form and return to the City of Merriam. The information will be included in current pre-fire and alarm plans for your business and added to our records annually.

Name of Business			
Street Address			
City/State/Zip			
Home Phone	Cell Phone	Email	
Business Owner			
Home Address			
Home Phone	Cell Phone	Fax	
Building Owner			
Address			
Phone	Cell Phone	Fax	

***Should the Fire or Police Department need to speak with a responsible party in case of an EMERGENCY associated with the alarm system the following persons will be phoned in the following order:***

Name	Relationship
Work Phone #	Cell Phone #
Name	Relationship
Work Phone #	Cell Phone #

**BUSINESS HOURS**

Open	Closed	Exceptions
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**HANDICAP EMPLOYEES**

Number	Location
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**TYPE OF STRUCTURE**

Commercial <input type="checkbox"/>	Single Family Residence <input type="checkbox"/>	Apartment <input type="checkbox"/>	Single Store <input type="checkbox"/>
Multiple Floor <input type="checkbox"/>	Basement Entry <input type="checkbox"/>	Other <input type="checkbox"/>	

**ALARM INFORMATION**

Type of Alarm	Audible <input type="checkbox"/>	Silent <input type="checkbox"/>	Warning Light <input type="checkbox"/>
System Denotes	Intrusion <input type="checkbox"/>	Robbery <input type="checkbox"/>	Medical ER <input type="checkbox"/> Fire <input type="checkbox"/>
Alarm Co. Name			
Address			
Phone	Date of Alarm Activation		

**HAZARDOUS MATERIALS**

Type	Location
Quantity	Name of Hazardous Material

**SPECIAL CONDITIONS**

Location of Utility Shut-offs: \_\_\_\_\_

Location and Name of Special Records & Documents: \_\_\_\_\_

Number of Floors	Below Ground Level Floors: Yes <input type="checkbox"/> No <input type="checkbox"/>	Building Sprinkled: Yes <input type="checkbox"/> No <input type="checkbox"/>
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Location/Type – Fire Protection Process: \_\_\_\_\_

Special Instructions to assist Fire/Police in protection lives/property during an emergency: \_\_\_\_\_

Date:	Printed name :	Signature:
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**RETURN THIS FORM TO:**  
**MERRIAM CITY HALL**  
 ATTN: LICENSING DEPT.  
 9001 W. 62<sup>nd</sup> Street, Merriam, KS 66202

**MERRIAM POLICE DEPARTMENT**  
 Business (913)322-5560  
 Fax (913)322-5565  
 Alarm Coordinator (913)322-5564