

APPLICATION FOR USE PERMIT

City of La Cygne 206 Commercial St, PO Box 600 La Cygne, KS 66040

☐ New Business	
☐ Renewal	
☐ Change of Ownership	

Please include a complete set of plans and specifications for any construction or alterations of buildings planned or contemplated with this application.

NAME OF APPLICANT					
IECAI NAME OF DIIC	T/OWNER:		<i>PHONE#</i> :		
LEGAL NAME OF BUS					
BUSINESS LOCATION	•		,	<i>,</i> ,	,
	Address		City	ST	Zip
MAILING ADDDESS.					
MAILING ADDRESS: _	Address		,	\overline{ST}	Zip
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TYPE OF BUSINESS (C	Check One):				
☐ Sole Proprietorship	☐ Partnership	☐ Corporation	□ L.L.C		
TYPE OF BUSINESS A	CTIVITY:				
☐ Retail/Wholesale ☐ ☐	Professional Service	ce 🗆 Dav-Care	☐ Restaurant/Food		
☐ Automotive ☐ ☐					
☐ Financial/Insurance	☐ Entertainme	ent/Recreation \Box	Other:	_	
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Describe PRIMARY busi	iness activity:				
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