

The City of Galena, Kansas  
**BUSINESS LICENSE APPLICATION**

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Common Name of Business (DBA)

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Legal Name of Business (If different from DBA)

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Type of Business (Contractor, Physician, Retail Sales, etc ...)

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Sales Tax I.D. Number

**Physical Business Address:**

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Number/Street	City	State	Zip
( ) -		( ) -	

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Business Phone Number                      Business Fax Number

**Mailing Address** (If different from Business Address):

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Number/Street	City	State	Zip
( ) -		( ) -	

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**Contact Person:** \_\_\_\_\_

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Number/Street	City	State	Zip
( ) -		( ) -	

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Contact Phone Number                      Cell Phone Number

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Email Address

**PLEASE CONTACT US IF YOU DISCONTINUE YOUR BUSINESS.  
THANK YOU!**