

BUSINESS LICENSE APPLICATION

CITY OF LEWISBURG, KY

To be completed in order to establish an account for reporting Occupational License Fees for Lewisburg, Kentucky.

Each business or individual subject to the Occupational License Fee is required to complete this application and return it to the City Treasurer along with a check for \$40.00 to obtain an Occupational License.

Mail to: Lewisburg City Treasurer P.O. Box-239 Lewisburg, KY 42256

1. **NAME:** _____
__ Individual __ Partnership (list name & address of each partner on line 13.)
__ Corporation (Date organized ___/___/___ State ___) __ Other
2. **TRADE NAME:** _____
3. **ADDRESSES:** (Please complete all addresses applicable)
A. __ City Address _____
B. __ Mailing Address _____
(if different from above)
4. **PHONE NUMBER:** _____
5. **ACCOUNTING PERIOD**
__ Calendar Year-Dec.31, Or __ Fiscal Year Ended ___/___/___
MO. DAY.
6. **FEDERAL TAX I.D. NUMBER** _____
7. **STATE TAX IDENTIFICATION NUMBER** _____
(If individual, give Social Security Number: _____)
8. **NATURE OF BUSINESS:** (Please describe your business and it's operation, Including where and how sales, services, or other activities take place.

Principal Business Activities (Check all that apply)

Retail Sales	_____	Other Service	_____
Wholesale	_____	Commercial Rental	_____
Repair Services	_____	Multiple Dwelling Rental	_____
Contractor Services	_____	Other (Specify)	_____

9. **DATE OPERATION IN LEWISBURG STARTED** ___/___/___
M D Y
10. **DO YOU HAVE OR WILL HAVE EMPLOYEES WORKING IN LEWISBURG?** ___ YES ___ NO
A. Number of Employees _____
B. Estimated Quarterly Payroll \$ _____
11. **DO YOU HAVE OR WILL YOU HAVE RECEIPTS FROM AN OCCUPATION OR BUSINESS ACTIVITY IN LEWISBURG?** ___ YES ___ NO

12. IF BUSINESS WAS OBTAINED FROM A PREVIOUS OWNER:

- A. Give Date of Acquisition _____
- B. Give Name of Previous Owner: _____
- C. Give Former Trade Name if any: _____

13. OTHER INFORMATION _____

I hereby certify that all information and statements herein are true and correct.

_____ X _____
Date Signature Title

BUSINESSES LOCATED WITHIN THE CITY LIMITS OF LEWISBURG, KY ARE REQUIRED TO POST THE LICENSE IN A CONSPICUOUS PLACE WITHIN THE PREMISES. CONTRACTORS/OTHERS FROM OUTSIDE THE CITY LIMITS SHOULD HAVE A COPY OF THE LICENSE WITH THEM WHEN DOING WORK IN THE CITY.

ALL BUSINESSES OPERATED IN THE CITY OR CONTRACTORS AND OUTSIDE BUSINESSES THAT GENERATE BUSINESS WITHIN THE CITY ARE SUBJECT TO A 1.5% NET PROFIT TAX. A COPY OF YOUR SCHEDULE C,F, OF FORM1040 OR APPLICABLE SCHEDULES OF PARTNERSHIPS, CORPORATIONS, AND FIDUCIARIES IS REQUIRED ANNUALLY. FAILURE TO RENEW A LICENSE WHEN DUE OR TO PROVIDE REQUIRED RECORDS WILL RESULT IN THE FULL PENALTIES PROVIDED FOR IN CITY ORDINANCE 110, INCLUDING BUT NOT LIMITED TO INTEREST CHARGES AND FINES AS PRESCRIBED BY LAW. KRS REQUIRES THAT THE INFORMATION FROM THESE FORMS REMAIN STRICTLY CONFIDENTIAL. THIS INFORMATION IS AVAILABLE TO THE CITY CLERK AND MAYOR ONLY AND WILL NOT BE RELEASED TO ANYONE ELSE WITHOUT DUE COURSE OF LAW. ALL RENEWALS OF THIS LICENSE WILL BE WITHHELD PENDING COMPLETE FILING OF ALL REQUIRED FORMS.