

LAUREL COUNTY APPLICATION FOR BUSINESS LICENSE

PO BOX 650, LONDON, KY 40743-0650 PHONE: (606) 878-9766 FAX: (606) 878-9803 EMAIL: occtax@laurelcoky.gov

*** THERE IS NO FEE FOR THE APPLICATION FOR BUSINESS LICENSE ***

*** ANSWER ALL APPLICABLE QUESTIONS. INSTRUCTIONS ON BACK ***

BUSINESS NAME: _____

BUSINESS ADDRESS (PHYSICAL): _____

NAME OF APPLICANT: _____

MAILING ADDRESS (REQUIRED): _____

CITY, STATE, AND ZIP: _____ E-MAIL _____

TELEPHONE NUMBER: (_____) _____ FAX NUMBER: (_____) _____

TYPE OF BUSINESS (CIRCLE): C Corporation S Corporation Partnership Individual Fiduciary/Trust Non-Profit Other _____

DATE OPERATIONS BEGAN IN LAUREL COUNTY: ____/____/____ NATURE OF BUSINESS _____
(i.e. Manufacturing, Trade, Advertising Agency, Farming, Real Estate, etc.)

CLOSING MONTH OF ACCOUNTING YEAR: _____ FEDERAL TAX ID# OR SOCIAL SECURITY #: _____

DO YOU CONDUCT BUSINESS WITHIN THE CITY LIMITS OF LONDON (CIRCLE): YES NO IF YES, INDICATE THE ESTIMATED PERCENTAGE OF BUSINESS CONDUCTED IN THE CITY: (CIRCLE) 100% 75% 50% 25% OR 0%

DO YOU HAVE EMPLOYEES (CIRCLE): YES NO
(If self-employed, do not include yourself
Unless you withhold taxes from your pay)

IF YES, COMPLETE THE FOLLOWING SECTION IF INFORMATION IS DIFFERENT FROM ABOVE

* WITHHOLDING INFORMATION *
(IF INFORMATION IS DIFFERENT FROM ABOVE)

CONTACT PERSON(S): _____

MAILING ADDRESS: _____

CITY, STATE, AND ZIP: _____ E-MAIL _____

TELEPHONE NUMBER: (_____) _____ FAX NUMBER: (_____) _____

* NET PROFIT INFORMATION *
(IF INFORMATION IS DIFFERENT FROM ABOVE)

CONTACT PERSON(S): _____

MAILING ADDRESS: _____

CITY, STATE, AND ZIP: _____ E-MAIL _____

TELEPHONE NUMBER: (_____) _____ FAX NUMBER: (_____) _____

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS APPLICATION AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

SIGNATURE: _____ TITLE: _____ DATE: ____/____/____

INSTRUCTIONS FOR APPLICATION FOR BUSINESS LICENSE

*****THERE IS NO FILING FEE FOR THE APPLICATION FOR BUSINESS LICENSE*****

FAILURE TO FILE: PLEASE REFER TO ORDINANCE 220.73 § 13 PENALTIES

ORDINANCE 220.73 § 2 (1) STATES THAT THIS APPLICATION IS REQUIRED TO BE FILE BEFORE DOING BUSINESS:

§ - Occupational License Application Required

- (1) Every person or business entity engaged in any trade, occupation, or profession, or other activity for profit or anyone required to file a return under this ordinance in Laurel County shall be required to complete and execute the questionnaire prescribed by the Occupational Tax Office. Each person shall be required to complete a separate questionnaire for each separate business before the commencement of business or in the event of a status change, other than change of address. Licensees are required to notify the Occupational Tax Office of changes of address, or the cessation of business activity, and of other changes which render inaccurate the information supplied in the completed questionnaire.

THE APPLICATION IS A REGISTRATION FORM AND THE COUNTY CURRENTLY DOES NOT ISSUE A BUSINESS LICENSE UNLESS A LICENSE IS NEEDED BY THE BUSINESS. THE LICENSE IS RENEWED AUTOMATICALLY WITH THE FILING OF THE ANNUAL NET PROFITS LICENSE FEE RETURN.

CONTRACTORS: ATTACH A LIST OF ALL SUBCONTRACTORS AFFILIATED WITH YOUR WORK IN LAUREL COUNTY. PLEASE INCLUDE THEIR NAME, ADDRESS, TELEPHONE NUMBER AND FEDERAL ID NUMBER.

PARTNERSHIPS: ATTACH A LIST OF PARTNERS, PLEASE INCLUDE THEIR NAME, ADDRESS AND SOCIAL SECURITY NUMBER.

BASIC INFORMATION: SECTION 1, NAME OF APPLICANT CAN BE ANY REPRESENTATIVE WHO IS APPROVED TO LEGALLY COMPLETE AND SIGN DOCUMENTS FOR STATE AND/OR FEDERAL GOVERNMENTS. FOLLOWING LINES SHOULD REFLECT THE **LOCAL NAME** OF BUSINESS, THE **LOCAL** PHYSICAL AND **LOCAL** MAILING ADDRESS, AND THE **LOCAL** PHONE NUMBERS FOR THE BUSINESS.

THE TYPE OF BUSINESS INFORMATION IS USED TO DETERMINE THE TYPE OF INFORMATION THAT SHOULD BE SUBMITTED WITH THE NET PROFIT LICENSE FEE RETURN. WE CAN REQUEST THE PROPER DOCUMENTATION FOR YOUR BUSINESS SHOULD THAT NEED OCCUR.

DO NOT USE LLC, THE LLC CLASSIFICATION DOES NOT GIVE US THE INFORMATION WE NEED.

DATE OPERATION BEGAN IN LAUREL COUNTY OR START DATE OF BUSINESS ACTIVITIES.

NATURE OF BUSINESS: WE GAVE A FEW EXAMPLES, BUT PLEASE LIST IN GENERAL WHAT ACTIVITY YOU PERFORM.

CLOSING MONTH OF ACCOUNTING YEAR: THIS IS DECEMBER FOR CALENDAR YEAR FILERS.

FEDERAL TAX ID # OR SOCIAL SECURITY #: YOU SHOULD USE YOUR FED ID # UNLESS YOU DO NOT HAVE ONE.

DO YOU CONDUCT BUSINESS WITHIN THE CITY LIMITS OF LONDON? PLEASE SELECT YES OR NO.

IF YES, INDICATE THE ESTIMATED PERCENTAGE OF BUSINESS CONDUCTED IN CITY: PLEASE APPROXIMATE TO THE NEAREST PERCENTAGE THE TIME YOUR BUSINESS WOULD OPERATE IN THE CITY AS COMPARED TO THE TOTAL AMOUNT OF TIME SPENT IN LAUREL COUNTY. FOR INSTANCE, IF YOU OPERATE A RESTAURANT IN THE CITY OF LONDON YOU WOULD SELECT 100%. IF YOU HAD A RESTAURANT IN LONDON AND ONE OUTSIDE THE CITY, YOU WOULD SELECT 50%. IF YOU HAVE AN APPLIANCE STORE IN LONDON AND YOU DELIVER OUTSIDE OF THE CITY AND SERVICE THOSE APPLIANCES, YOU WOULD CHOOSE 75%. IF YOU WERE LOCATED OUTSIDE THE CITY AND DELIVERED AND SERVICED THOSE APPLIANCES, YOU WOULD CHOOSE 25% ETC.

DO YOU HAVE EMPLOYEES? PLEASE SELECT YES OR NO. IF YOU ARE SELF EMPLOYED AND YOU DO NOT WITHHOLD WAGES FROM YOUR PAY, DO NOT COUNT YOURSELF AS AN EMPLOYEE.

IF YES, COMPLETE THE FOLLOWING SECTION IF THE INFORMATION IS DEFFERENT FROM THE PREVIOUS SECTION. ALSO, COMPLETE THE NET PROFIT SECTION IF YOU NEED THE FORM AND CORRESPONDENCE MAILED TO ANOTHER ADDRESS, SUCH AS YOUR CPA OR TAX PREPARER.

FOR MORE INFORMATION, PLEASE CALL OUR OFFICE AT (606) 878-9766.