

**NEW BUSINESS APPLICATION**

YEAR



Application Fee = \$40

**Legal Business Name**  
**DBA (if applicable)**  
**Street Address where Business is conducted in City**  
**Mailing Address for Tax Forms**  
**City/State/Zip**  
**Federal ID/SSN:**  
**Phone#**  
**Tax/Fiscal Year End (month/day)**

(   )   -	

**Principal Business Activity** \_\_\_\_\_

**Contact Person for Annual License Fees, Business License Renewal Fee**

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**Contact Person for Payroll Withholding (if different from above)**

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**Will you have employees working and/or delivering in the city? Yes or No**

**Classification of Company**

**Sole Proprietor/Single Member LLC** SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Corporation/LLC** Date Organized \_\_\_\_\_ State \_\_\_\_\_

**Officer Names(s)** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Address** \_\_\_\_\_

**City State Zip** \_\_\_\_\_

**Partnership** Partner's Names and Addresses

\_\_\_\_\_  
\_\_\_\_\_

**Non-Profit (attach IRS Determination of Status)**

**Other (please describe)**

\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that all information and statements herein are true and correct. Application and payment will be returned if any part is incomplete. Occupational License will be issued upon processing of completed application.

\_\_\_\_\_ printed

\_\_\_\_\_ date

\_\_\_\_\_ signature

\_\_\_\_\_ phone (include extension)

**Email** \_\_\_\_\_

Mail form and check to:  
PO Box 145, Dry Ridge, KY 41035

Internal Use Only	
Date Approved _____	BL _____
Paid by : Cash or Check# _____ Initials _____	