

CITY OF SMITHS GROVE, KY
PHONE 270-563-4014 FAX 270-563-9314
APPLICATION FOR OCCUPATIONAL LICENSE

Every business or individual conducting an activity (i.e. farming, sales, rental, etc.) subject to the Occupational License Fee is required to complete this application and return it to the City Clerk, at P.O. Box 114, Smiths Grove, KY 42171. The following information is **necessary** and will be held in **strict confidence**.

BUSINESS/TRADE NAME: _____

OWNER'S NAME: _____

___ *INDIVIDUAL*
___ *PARTNERSHIP*

___ *CORPORATION (DATE ORGANIZED & STATE)*
___ *OTHER* _____

PHONE NUMBER: _____ **FAX:** _____

LOCATION ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT): _____

EMAIL: _____

NATURE OR DESCRIPTION OF BUSINESS: (Please describe your business and its operation, including where and how sales, services or other activities take place. Include any pertinent information.)

IF YOU ARE A PAYROLL SERVICE PLEASE PROVIDE WHICH COMPANY YOU WILL BE REPORTING:

ACCOUNTING PERIOD PER FEDERAL RETURN: CALENDAR YR _____ FISCAL YEAR ENDED _____

SOC. SEC. NO. _____ **FEDERAL ID#** _____ **STATE ID #** _____

DATE OPERATIONS IN CITY OF SMITHS GROVE STARTED: _____

WILL YOU HAVE EMPLOYEES WORKING IN SMITHS GROVE? YES ___ NO ___

NUMBER OF EMPLOYEES _____

DO YOU HAVE SUB-CONTRACTORS HIRED TO WORK IN SMITHS GROVE? _____

ARE YOU SELF-EMPLOYED? _____

DO YOU RENT OR LEASE YOUR BUSINESS LOCATION IN SMITHS GROVE?

If rent/lease, from whom: _____

Landlord's Address: _____

IF BUSINESS WAS OBTAINED FROM A PREVIOUS OWNER OR A CHANGE IN THE TYPE OF ORGANIZATION:

Give date of Acquisition or Change: _____

Give Name of Previous Owner or Organization: _____

Give Former Trade Name, if any _____

I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT.

SIGNATURE OF OWNER/APPLICANT

DATE OF APPLICATION

APPROVED BY: _____

AMOUNT PAID – DATE _____