

City of Shepherdsville

Application for Business License/Unloading License

Attn: Business License Department
P.O. Box 400
Shepherdsville, Kentucky 40165

(502)543-2923
(502)955-7803
Fax: (502)543-6201

Date: _____

Business Name: _____ Fed I.D.#: _____

D.B.A. Name: _____ Open Date: _____

Description of Business: _____

Business Address: _____

(Physical Location)

Mailing Address: _____

(If different than primary business location)

Business Phone#: _____ Fax#: _____

Owner's Name: _____ Additional Contact Name: _____

Check Entity Type: () Proprietorship () Partnership () Corp () LLC () LLP () Non-Profit () Other

Will you have employees working in Shepherdsville? () No () Yes No. of Employees: _____

*** I am aware of the following Occupational Licensing Requirements***

A 1.5% Occupational Tax on *Gross Payroll* which I am obligated, as the employer, to withhold and remit to the City of Shepherdsville on a quarterly basis. Even if there are no wages due for the quarter **A FORM MUST BE FILED**. If I do not have employees, I understand that I must provide a list of the independent contractors I am using as they must be licensed individually. Failure to comply with ordinance 011-078 will result in penalties and fines.

Applicant's Initials: _____

I am obligated to pay \$100.00 annually for a business license. If I do not maintain a current license, I am required to cease conducting business inside Shepherdsville city limits.

Applicant's Initials: _____

If I am serving alcohol I understand I must purchase an additional license separate from the Business License.

Applicant's Initials: _____

If I am serving food an additional 2% sales tax must be collected at the time of sale which I am obligated, as the employer, to collect and remit to the Paroquet Springs Conference Centre on a monthly basis.

Applicant's Initials: _____

That the City of Shepherdsville has a contract with Eco-Tech, LLC for garbage disposal and this is the only garbage service I may utilize within Shepherdsville city limits.

Applicant's Initials: _____

Signature of Applicant or Authorized Representative

Title

Date

Office Use Only: Account Number: _____ Amount Paid: _____ Check#: _____

Revised January 2015