

# City of Shepherdsville

## Application for Business License

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

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

Today's Date: \_\_\_\_\_

Business Name: \_\_\_\_\_ Fed I.D.#: \_\_\_\_\_

D.B.A. Name: \_\_\_\_\_ Open Date: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(Physical Location)

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(If different than primary business location)

Business Phone#: (\_\_\_\_) \_\_\_\_\_ Fax#: (\_\_\_\_) \_\_\_\_\_ Business Email: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Owner's Number: (\_\_\_\_) \_\_\_\_\_ Owner's Email: \_\_\_\_\_

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

Will you have employees working in The City of 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, beginning April 1, 2018, with Republic Services, 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#: \_\_\_\_\_