

City of Shepherdsville

Application for Business/Unloading/Vendor 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: _____

PLEASE FILL OUT EVERY LINE COMPLETELY

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

D.B.A. Name: _____ Date starting in the city: _____

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 # 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 [Fiscal Year] (July 1 to June 30 following year) for a business license. (see below for prorated rates) 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 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#: _____

Prorated rates: January: \$50.01 February: \$41.67 March: \$33.34 April: \$25.01 May: \$16.68
One Month/one event: \$8.34