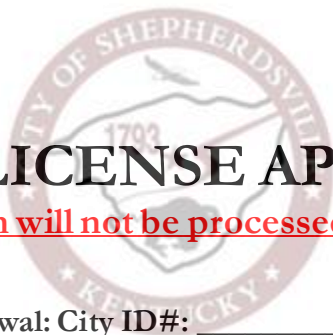


City of Shepherdsville
P.O. Box 400
Shepherdsville, KY 40165
502-543-2923

Renewal

New Applicant



BUSINESS LICENSE APPLICATION

***** **Please Note: Application will not be processed if not completed in full!** *****

Federal Tax ID or S.S.#: _____ Renewal: City ID#: _____

Name of Business: _____

Business Address: _____
Street Address Apt/Ste# City State Zip

Mailing Address: _____
Street Address Apt/Ste# City State Zip

Phone: (____) _____ Cell: (____) _____ Fax: (____) _____

Email: _____ Description of Business: _____

Location/Job Site you will be working at in the City of Shepherdsville: _____
(If Business is not located in Shepherdsville)

Date you will begin work in City Limits: _____

Number of Employees: _____

Do you Hire Subcontractors: Yes / No (circle one)
(If yes, please list below or supply a listing w/application.)

1. _____

3. _____

Phone: (____) _____

Phone: (____) _____

2. _____

4. _____

Phone: (____) _____

Phone: (____) _____

Ownership: Sole Proprietor ___ LLC/LLP ___ Partnership ___ Corp ___ Non-Profit ___ Other ___

Owner Name: _____ Owner Phone: _____

Owner Address: _____
Street Address Apt/Ste# City State Zip

Name of each Officer, Partner or Business Associates:

_____ Phone: _____ Email: _____

_____ Phone: _____ Email: _____

_____ Phone: _____ Email: _____

Continued on back.....

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

A **2%** 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 022-052 will result in penalties and fines.

Applicants Initials: _____

I am obligated to pay \$100.00 annually (Fiscal Year - July 1st to June 30th of following year) for a business license. If I do not maintain a current license, I am required to **cease** conducting business inside the Shepherdsville city limits.

Applicants Initials: _____

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

Applicants 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: **Paroquet Springs Conference Centre** on a monthly basis.

Applicants 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 the City of Shepherdsville.

Applicants Initials: _____

Vendors Only:

Describe the merchandise to be sold: _____

Applicant Signature

Title

Date:

Office Use Only:

Copy of Driver's License: Copy of FEIN paperwork: Copy of SOS Paperwork:

Account Number: _____

Amount Paid: \$ _____ Check #: _____ Cash: _____

Clerk: _____