

## **OCCUPATIONAL BUSINESS LICENSE APPLICATION**

## **WARREN COUNTY TREASURER**

**Department of Revenue** 

429 East 10th Street Bowling Green, Kentucky 42101 (270) 842-5805



|           |  | (270) 042-3003   |   |  |  |
|-----------|--|--|---|--|--|
| 1.        | APPLICANT INFORMATION NAME OF APPLICANT  | ,  |   |  |  |
|           | TRADE NAME OR DBA  |  |   |  |  |
|           | EMAIL  |  |   |  |  |
| 2.        | WARREN COUNTY LOCATION INFORMATION   |  |   |  |  |
| <b></b> - | How many locations will this business operate?PRIMARY ADDRESS  | If more than one, attac  | ch a list, giving the address of ea   | ch location.   |  |
|           |  | Zip  | Bus. Phone #  |  |  |
|           | Mailing Address (if different from Warren County Location  | on)  |   |  |  |
|           | Street   | City   | State   | Zip  |  |
| 3.        | CHECK ENTITY TYPE * Note: Other Business entities may be required to obtain an Occupational Business License.  ☐ Corporation ☐ Sole Proprietor ☐ Partnership ☐ LLC (Sole Proprietor) ☐ LLC (Partnership)  ☐ LLC (Corporation) ☐ Other (State Type)   |  |   |  |  |
|           |  |  |   |  |  |
| ŀ.        | CORPORATION INFORMATION  If applicant is a corporation, please list corporate name of the corporate of the c | ovaetly as it appears on your fodors   | d income toy return   |  |  |
|           | Corporate Name   | *  |   | ation  |  |
|           |  |  |   | auor   |  |
|           |  | ABOVE THIS LINE AVAILABLE TO PUBLE  ON BELOW THIS LINE IS CONFIDENTIAL   |   |  |  |
| 5.        | OWNER(S) OF BUSINESS  If an individual, give name, date of birth, residential apartner; if a corporation, give the same information f  | address and social security numb   | per; if a partnership, give this ir   | nformation for each  |  |
|           | Name   | Date of Birth  | Social Security No.   |  |  |
|           |  |  |   | _  |  |
|           | List duly authorized representative of the business who  | · · · · · · · · · · · · · · · · · · ·  |   | -  |  |
|           | Name   |  | S.S.N.#   |  |  |
|           | Residence Address  |  |   |  |  |
|           | Home Phone   | Night Emergency  | #   |  |  |
| <b>.</b>  | ACCOUNTING PERIOD  ☐ Calendar Year ☐ Fiscal Year   | / to/  | (Please specify beginni   | ing of year)   |  |
| <b>7.</b> | IDENTIFICATION NUMBERS  Enter any of the following identification numbers whi  | ich apply to your company:   |   |  |  |
|           | Federal Employer I.D. No   | S.S.N.#  | (If you are sole p  | proprietor)  |  |
| В.        | PAYROLL WITHHOLDING FEE  |  |   |  |  |
|           | A.) Will you have employees working in Warren Cou<br>B.) First Date Wages/Other Compensations are to be pa<br>Effective July 1, 2007, Warren County will begin asses<br>working in Warren County, outside the corporate city limi<br>fees and submit them on the required periodic basis. F<br>quarterly basis. The employer will be notified of any cha<br>be mailed to the employer well in advance of the applic<br>listed in Item No. 2, please indicate below:  | aid to employees:ssing a withholding fee of 1.0% of t its of the City of Bowling Green. It is for the first year after registration the ange from the quarterly filing status. It is able due dates. If you wish to have | he compensation paid to emplo<br>the responsibility of each employ<br>e withholdings will be remitted by<br>Forms for submitting the employ<br>the withholding forms sent to an | yees while they are<br>yer to withhold these<br>y the employer on a<br>yee withholdings will<br>a address other than |  |
|           | Name   |  |   |  |  |
|           | City   | Sta  | ateZip _  |  |  |
| 9.        | BUSINESS ACTIVITY Business Activity within Warren County occurs when services or property within the jurisdiction and/or is payin or receipts generated in Warren County, outside the case A) Will you or have you conducted business activity in V  | ng compensation to employees work<br>corporate city limits of Bowling Gre  | ring within the jurisdiction(s). <b>NO</b>  | TE: Sales revenues   |  |
|           | B) Indicate the date business activity began or will begin   | n in Warren County/ _  | /   |  |  |
|           | C) Is Business in Warren County to be ☐ Permanent  | ☐ Temporary If temporary, give ap  | pprox. dates of activity  | to   |  |
|           | D) Exempt ☐ Yes ☐ No (State Statue of Exemption)   |  |   |  |  |
|           | D) Exemple 4 res 4 No (State Statue of Exemption)  |  |   |  |  |
| ).        | TYPE OF BUSINESS ACTIVITY Check appropriate In Agriculture, Forestry, Fishing Wholesale Trade  | ☐ Mining ☐ Retail Trade ☐ F  |   |  |  |
| ١.        | TYPE OF BUSINESS ACTIVITY Check appropriate In Agriculture, Forestry, Fishing Wholesale Trade  | ☐ Mining ☐ Retail Trade ☐ F☐ Services ☐ Public Administration  | on Construction/Real Esta   | ate Development  |  |

I hereby certify all information and statements herein are true and correct

| Applicant Signature |                | _ Printed Name                                    |  |  |
|---------------------|----------------|---|--|--|
| Date                | Official Title |   |  |  |
|                     |                | (Owner, Partner, Member, Treasurer, Agents, Etc.) |  |  |