

# CITY OF HOPKINSVILLE

## OCCUPATIONAL LICENSE REGISTRATION FORM

### 1. REQUIREMENT TO FILE APPLICATION:

Every person and business entity engaged in any business in the City of Hopkinsville shall be required to apply for and obtain an occupational license from the City of Hopkinsville **before** the commencement of business or in the event of a change of business status. This application and the fees described apply to entities conducting business in the City that are classified a local business as defined in Ordinance 16-2007, Section 1. Those businesses which are exempt from paying an annual license fee because their total gross receipts are less than \$25,000.00 are still required to complete the application and pay the one time registration fee if their business is considered "open to the public" as defined in Ordinance 16-2007, Section 1.

### 2. PAYMENT OF REGISTRATION FEE AND LICENSE FEES:

A one time registration fee of One Hundred Dollars (\$100.00) shall be made at the time of application. Licensees are required to notify the City of any changes in address, the cessation of business, or any other changes which render the information supplied to the City in the license application inaccurate. In the event the change of name involves obtaining a new Federal Identification Number (FIN), then a new license registration fee is required. The following businesses are exempt from the one time registration fee; however, they are required to pay the applicable fee as listed below:

**Transient Business:** Shall mean any person who passes through the City temporarily for the purpose of conducting a business which involves buying, selling or exchanging of goods or services. The activity of a transient business must not involve regular or routine visits to an established customer base within the City. The transient business shall pay a daily fee based on the number of employees working in the city. The daily fee shall be Ten Dollars (\$10.00) if there are three employees or less with a minimum fee of One Hundred Twenty-Five Dollars (\$125.00) covering a period of four consecutive days. The daily fee shall be Sixty Dollars (\$60.00) if there are four or more employees with a minimum fee of Two Hundred Dollars (\$200.00) covering a period of four consecutive days. In addition to the Transient Business License, a separate license is required for door to door solicitation.

**Fixed Fee License:** Any person or business engaged in the business of promoting, operating, or otherwise conducting a flea market, an antique mall consignment shop or farmers market shall pay a yearly license fee of One Hundred Dollars (\$100.00) which shall authorize the activity of individuals utilizing booths or spaces in these businesses. The annual fee shall be for the period July 1 to June 30 of the following year.

**Events License:** Any event sponsor is required to purchase an event license prior to the event. Said license shall be One Hundred Dollar (\$100.00) for each event, which shall license all temporary booths, spaces and vendors.

**3. BOND REQUIREMENT:** In addition to the registration fee, any person conducting business in the City that does not meet the definition of a local business may be required to post a cash bond in the amount of \$500.00. The bond will be held until the City deems that all Net Profit License Fee Returns and Employee withholding requirements have been met.

**4. ANNUAL LICENSE FEE:** A license fee at the rate of 1 ½% shall apply to income from the operation of a business or enterprise after providing for all cost and expenses incurred in the conduct thereof (referred to as net profit). The minimum fee will be \$250.00; however, businesses with total gross receipts (either earned inside or outside the City) of \$25,000.00 or less are exempt from paying the annual license fee. The license fee shall become due April 15 except returns made on the basis of a fiscal year, which shall be made by the fifteenth day of the fourth month following the close of the fiscal year.

Mail fees to: City of Hopkinsville, P O Box 707, Hopkinsville, Ky. 42241-0707 or bring to the Municipal Center located at 715 South Virginia Street. If you have questions, please contact the City License & Revenue Office at 270-890-0231, 270-890-0221, 270-890-0222.

The complete text of Ordinance 16-2007 can be found on the City's website [www.hopkinsvilleky.us](http://www.hopkinsvilleky.us).

**OCCUPATIONAL BUSINESS LICENSE APPLICATION**

**P.O. BOX 707  
HOPKINSVILLE, KY 42241-0707**

**Name of Applicant** \_\_\_\_\_

**Trade Name or DBA** \_\_\_\_\_

**Hopkinsville Location** \_\_\_\_\_

**Business Phone Number** \_\_\_\_\_ **Fax Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Mailing Address** (if different from Hopkinsville location)  
\_\_\_\_\_

**Start Date in Hopkinsville** \_\_\_\_\_

**Local Manager / Representative** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Description of Business or Business Category** (Ex. Salons, Boutiques, Lawn Care, Other, etc)  
\_\_\_\_\_

Have you previously conducted business in Hopkinsville? ( ) Yes ( ) No

Have Planning and Zoning requirements been met? ( ) Yes ( ) No

**Type of Ownership**

( ) Sole Proprietor ( ) Partnership ( ) Corporation ( ) LLC (Single Member) ( ) LLC (Partnership)

**Corporation Information**

If applicant is a corporation, please list corporate name exactly as it appears on the federal income tax return.

**Corporate Name** \_\_\_\_\_

Any parent corporation operating a subsidiary within the City must make a one-time initial election to submit their return based on their consolidated federal tax return or the activities of the subsidiary only. Once the election is made, the same method of reporting must be used each year.

**Federal ID #** \_\_\_\_\_ **and/or Social Security #** \_\_\_\_\_

**Minority Owned** (Please circle) Yes No I Prefer Not To Answer

White Non-Hispanic African American Hispanic American Other \_\_\_\_\_

**Owner(s) of Business**

If an individual, give name, residence address, and social security number; if a partnership, give this information for each partner; if a corporation, give the same information for the President, Vice President, Secretary and Treasurer.

Name	Social Security #	Residence Address
_____	_____	_____
_____	_____	_____

**Accounting Period**

\_\_\_\_\_ Calendar Year \_\_\_\_\_ Fiscal Year Please specify beginning of year \_\_\_\_\_

**Payroll Withholding Fee (Employee Occupational License Tax)**

Number of Employees working in Hopkinsville \_\_\_\_\_

The City of Hopkinsville assesses a withholding fee of 1.95% of all wages and compensation paid for work done or services performed in the City. This applies to every resident and non resident who works in Hopkinsville. It is the responsibility of each employer to withhold these fees and submit them on the required periodic basis. Employers who fail to withhold or pay the withholding to the City shall be personally liable to the City for any sums withheld or required to be withheld. Please indicate the mailing address and person responsible for preparation of withholding fees:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

I certify that all information on this application is true and correct. With the exception of Transient and Fixed Fee License businesses, it is understood that the City of Hopkinsville has a license fee based on net profits from business conducted within the City. An annual return must be filed whether or not the business has shown a profit, a minimum license fee may apply. It is also understood that the employee Occupational License Tax equal to 1.95% must be withheld from earnings of employees working in the City.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FEES PAID**

Registration Fee (\$100.00)      \$ \_\_\_\_\_      Date \_\_\_\_\_

Fixed Fee License (\$100.00)      \$ \_\_\_\_\_

Events License (\$100.00)      \$ \_\_\_\_\_      Dates of event \_\_\_\_\_

Transient License Fee      \$ \_\_\_\_\_      Dates of activity \_\_\_\_\_ to \_\_\_\_\_

City Registration Number \_\_\_\_\_ Ch # \_\_\_\_\_ Approved By: \_\_\_\_\_