

CITY OF OWENSBORO/DAVISS COUNTY FISCAL COURT
OCCUPATIONAL BUSINESS LICENSE APPLICATION

PO BOX 10008, OWENSBORO KY 42302

PHONE: (270) 687-5600 FAX: (270) 687-8526 www.owensboro.org

1. Check one _____ New application _____ Adding a city license to account # _____

2. Check where business is conducted: Make check payable to "Occupational Tax Administrator"

_____ \$ 75 City of Owensboro

_____ \$0 Daviess County

(Minimum Annual License Fee)

Every business or individual subject to the City of Owensboro/Daviess County, KY Occupational License Ordinance is required to complete this application and return it to the City of Owensboro. **WARNING: Any false statement made herein shall be punishable according to law; and may be cause for denial of the application or the revocation of the business license issued pursuant thereto.**

3. Legal Name of Business or Applicant if Sole Proprietor: _____

4. Doing Business As or Trade Name (if applicable): _____

5. Brief description of business activity: _____

6. Primary Business Address or Corporate Headquarters:

Contact Name _____

Address _____

City _____ State _____ Zip _____

Telephone () _____

Email _____

7. City of Owensboro/Daviess County Business location:

Contact Name _____

Address _____

City _____ State _____ Zip _____

Telephone () _____

Email _____

8. Mailing Address for Payroll Withholding Forms:

Contact Name _____

Address _____

City _____ State _____ Zip _____

Telephone () _____

Email _____

9. Mailing Address for Net Profit Return:

Contact Name _____

Address _____

City _____ State _____ Zip _____

Telephone () _____

Email _____

10. Business Entity (Select One):

☐
☐

Sole Proprietor

LLC - Individual

☐
☐

Partnership

LLC - Partnership

☐
☐

Corporation

Non Profit *

* NOTE: Non Profit must attach 501 C(3) Determination Letter from Internal Revenue Service

11. KY Sales Tax No. _____

12. KY Withholding Tax No. _____

13. Commonwealth Business Id No. _____

14. Federal ID No. _____ AND/OR Social Security No. _____

15. Accounting Period: ☐ Calendar Year ☐ Fiscal Year Ending _____

16. Date Business will begin in the City of Owensboro and/or Daviess County, KY _____

17. Is Business in the City of Owensboro and/or Daviess County to be: _____ Permanent _____ Temporary

If temporary, give approximate dates of activity: _____

18. When did or will you first pay employees for working in the City of Owensboro and/or Daviess County _____

Withholding fee for City of Owensboro = 1.78% Daviess County = 1.00%

_____ I have no employees working in the City of Owensboro and/or Daviess County, KY

19. Owner(s) or Officers of Business:

NAME	ADDRESS	PHONE #	DOB	SOCIAL SECURITY #

20. Is the applicant the owner of the premises to be licensed?

☐ YES ☐ NO

If you answered **NO** please complete information below.

Name (Premise Owner) _____ Address _____

DENIAL TO DELINQUENT TAXPAYERS

NO LICENSE WILL BE ISSUED OR RENEWED TO ANY BUSINESS OR INDIVIDUAL WHICH OWES THE CITY OF OWENSBORO AND/OR DAVIESS COUNTY, KY ANY DELINQUENT REAL ESTATE OR TANGIBLE TAXES OR ANY OCCUPATIONAL OR PAYROLL WITHHOLDING LICENSE FEES OR ANY OTHER FEE, TAXES, OR ASSESSMENTS OF ANY KIND. ALL LICENSES ARE SUBJECT TO REVOCATION FOR VIOLATION OF THE OWENSBORO MUNICIPAL CODE.

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

SIGNATURE _____ Date _____

Print Name _____

Official Title _____

(Owner, Partner, Member, Treasurer, Agent, Etc.)

PLANNING & ZONING ADMINISTRATOR/BUILDING INSPECTOR (270) 687-8665

APPROVAL _____ Date _____

COMMENTS: _____

MAIL APPLICATION TO:

City of Owensboro
PO Box 10008
Owensboro, KY 42302

OR

DROP OFF AT:

City Hall
101 E 4th Street
Owensboro, KY

PLEASE MAKE CHECK PAYABLE TO: OCCUPATIONAL TAX ADMINISTRATOR