



## APPLICATION FOR MINIMUM OCCUPATIONAL LICENSE FEE

BUSINESS OWNER: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

(If different from business): \_\_\_\_\_

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

EMAIL: \_\_\_\_\_

FEDERAL ID NUMBER OR SOCIAL SECURITY NUMBER: \_\_\_\_\_

BUSINESS CLASSIFICATION:  Individual Owner  Partnership  
 Corporation  Other \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

HAVE CITY PLANNING & ZONING REQUIREMENTS BEEN MET?  Yes  No

WILL YOU SEND  W-2  1099's

NUMBER OF EMPLOYEES WORKING IN CITY: \_\_\_\_\_

DATE ACCOUNTING PERIOD ENDS: \_\_\_\_\_

DATE BUSINESS BEGAN OPERATING IN CITY: \_\_\_\_\_

It is understood that the City of Madisonville has an occupational license fee on net profits from business conducted within the City. A minimum license fee must be paid and an annual return filed whether or not the business has shown a profit. It is also understood that the license fee must be withheld from earnings of employees working in the City and remitted to the City quarterly.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

DO YOU NEED  SIGN PERMIT  MOBILE FOOD VENDOR PERMIT  
 ALCOHOL PERMIT

Mail to: DIRECTOR OF FINANCE  
CITY OF MADISONVILLE  
P.O. BOX 1270  
MADISONVILLE, KY 42431

PLEASE RETURN THIS COPY WITH YOUR  
REMITTANCE OF \$ 25.00  
PAYABLE TO "DIRECTOR OF FINANCE"

OFFICE USE ONLY	
License # Assigned	_____
I.D. No. Assigned	_____
Date Issued	_____
Initials	_____