

# CITY OF NORTONVILLE BUSINESS LICENSE APPLICATION

**Instructions:**

1. Complete Application in full and submit with \$50.00 Application Fee.
2. File Quarterly Withholding Returns and Annual Net Profit Returns. The rate for each is 1.50%.
3. Non-Profit organizations are not required to pay the \$50.00 Application Fee; however, must file quarterly withholding returns.
4. All questions must be answered completely. Please type or print.

1. Business Name or Applicant's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

2. Business Address: \_\_\_\_\_  
Street City State Zip Code

3. Mailing Address: \_\_\_\_\_  
Street City State Zip Code

4. Are you taking over an existing business?  Yes  No If yes, what is the current business name? \_\_\_\_\_

5. Have you held a City of Nortonville license before?  Yes  No If yes, under what business name? \_\_\_\_\_

6. Federal ID # \_\_\_\_\_ Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_

7. Email Address: \_\_\_\_\_

8. Type of Business: \_\_\_\_\_

9. Date Work is to begin in the City of Nortonville: \_\_\_\_\_ Date Work Ended or Business Closed: \_\_\_\_\_

10. Will you have Employees?  Yes  No If yes, how many? \_\_\_\_\_

11. What type of tax year do you operate?  Calendar Year (Jan. 1<sup>st</sup> – Dec. 31<sup>st</sup>)  Fiscal Year (July 1<sup>st</sup> – Jun. 30<sup>th</sup>)  Other  
 If Other, please specify dates. \_\_\_\_\_

12. Check Ownership Type:  Sole Proprietor  Partnership  Corporation  Non-Profit  Other

13. Name of Owner(s): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

14. Contact Person for Tax Information: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

15. \_\_\_\_\_  
Signature of Applicant Title Date

Make Check/Money Order Payable To: City of Nortonville	Office Phone #: (270) 676-3384
Mail Application and Application Fee To: City of Nortonville 199 S. Main Street Nortonville, Kentucky 42442	If you have any questions, contact the city clerk at the number above.  Business Hours: Monday – Friday 9:00 a.m. – 4:30 p.m.

**FOR OFFICIAL USE ONLY**

Date Received:	Payment Method:
Employee Initials:	Check/Money Order #: