

CITY OF ASHLAND

Department of Finance

Occupational License / Net Profit Division

P.O. Box 1839, Ashland, KY 41105-1839

Phone No. (606)385-3358, 3359, 3360



www.ashlandky.gov

APPLICATION FOR BUSINESS PRIVILEGE AND OCCUPATIONAL LICENSE FEEPlease answer **ALL** questions fully.

1. Business or Individual Name: _____

2. Will you have a Physical Location Within Ashland City Limits? Yes _____ No _____

3. Business Location (Within City Limits): _____

4. Business Location (Physical Address): _____

5. Business Mailing Address: _____

6. Telephone Numbers (include area code): Business: _____ Fax: _____

7. E-mail address: _____

8. Ownership: _____ Sole Proprietor _____ Partnership _____ Limited Liability

_____ Corporation _____ S. Corporation _____ Other

9. Name and home address of owner(s), partners, or if a corporation, list Officers and Titles (attach additional pages if necessary):

10. Federal Tax I.D. #: _____ and / or Social Security Number: _____

11. Nature or description of business: _____

12. Do you have subcontractors or any other contract labor? _____ If yes, please attach a detailed listing.

13. Date business started in Ashland: _____ Number of employees working in Ashland: _____

14. Accounting period per Federal Return: _____ Calendar Year _____ Fiscal Year (Month and Date)

15. Contact Information:**Business License & Net Profit Contact**

Name: _____

Title: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

Payroll Tax Contact (If Applicable)

Name: _____

Title: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

CONTINUE ON REVERSE SIDE

New License fees shall be prorated as follows for the first year of business only:

| Application Month | Fee |
|-----------------------------|----------|
| January, February, March | \$100.00 |
| April, May, June | \$75.00 |
| July, August, September | \$50.00 |
| October, November, December | \$25.00 |
| Other Fees | |
| Late Filing Fee | \$50.00 |
| Additional Location Fee | \$10.00 |





All information contained on this application is necessary for our records and will be held in strict confidence.

Issuance of this City of Ashland Business Privilege License provides a license to conduct business within the City Limits of Ashland only and does not constitute an approval of any location selected for your business. A copy of this application will be provided to the City's Code Enforcement Office, Zoning Office and Fire Inspectors. A Fire Inspector will be in contact with the applicant; however, it shall be the responsibility of the Applicant, upon selection of a physical location for this business, to contact the Fire Inspectors for a premise inspection to ensure the location meets the established codes for public buildings. Any necessary changes or updates needed to meet applicable code shall be completed in a timely manner as determined by the Fire Inspector. Failure to comply with required inspections and obtain necessary permits may result in additional fines and possible closure until such zoning and safety issues are resolved.

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and belief and I agree to the terms set forth above for a physical location in the City of Ashland.

Authorized Signature: _____ Title: _____ Date: _____

Amount of payment enclosed: \$ _____ Check #: _____

| IF PAYING BY CREDIT CARD, COMPLETE BELOW. | | | | | |
|--|---|---|---|--------------------|----------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CREDIT CARD NUMBER | AMOUNT |
|  |  |  |  | EXP DATE | SEC CODE |
| | | | | PRINTED NAME | |
| | | | | SIGNATURE | ZIP CODE |

FOR INTERNAL USE ONLY

Account Number: _____ Assigned By: _____ Date: _____

Zoning / Code Enforcement Approval: _____ Date: _____

Police Chief Approval: _____ Date: _____

Fire Approval: _____ Date: _____

Legal Department Approval: _____ Date: _____