



APPLICATION

CITY OF MADISONVILLE, KENTUCKY MINIMUM OCCUPATIONAL LICENSE FEE

BUSINESS OWNER: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

BUSINESS PHONE: _____

EMAIL ADDRESS: _____

FEDERAL ID NUMBER OR SOCIAL SECURITY NUMBER: _____

BUSINESS CLASSIFICATION: Individual Corporation Owner/Partnership Other _____

TYPE OF BUSINESS: _____

HAVE CITY ZONING & PERMIT REQUIREMENTS BEEN MET? YES NO

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: _____

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

Phone: 270-824-2107

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

OFFICE USE ONLY

LICENSE # ASSIGNED: _____

TYPE OF PAYMENT: _____

DATE ISSUED: _____

INITIAL: _____