

# 2024 Occupational Business License Application/Notice

City of Jackson, Kentucky ~ 333 Broadway ~ Jackson, KY 41339 ~ 606-666-7069

Date of Application: \_\_\_\_\_  Renewal Application  Initial Application

Federal ID # or SS#: \_\_\_\_\_ **Due By: February 1, 2024**

Name of Business: \_\_\_\_\_

Business Owner(s) Name: \_\_\_\_\_

Local Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_ Local Phone: \_\_\_\_\_

Corporate Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Local Fax Number: \_\_\_\_\_ Corporate Fax Number \_\_\_\_\_

Business E-Mail Address: \_\_\_\_\_

Business Website: \_\_\_\_\_

## Type of License Requested:

- Full Time                      \$100.00                      Open at least 4 or more days per week
- Itinerant                         \$75.00                         Sales only
- Part-Time                         \$50.00                         Open 1-3 days per week

Do you anticipate having employees?  Yes  No      If Yes, How many? \_\_\_\_\_

If this is a renewal application, how many employees do you currently have? \_\_\_\_\_

1	<i>I certify the information contained in this form is correct to the best of my knowledge.</i>
2	<i>I understand that if I have employees, I will be required to pay two (2) percent of each employee's gross pay to the city once per quarter.</i>
3	<i>If applicable, I understand that my business is required to submit a net profit return at the end of its fiscal year.</i>
4	<i>I have received all the necessary forms from the tax administrator's office needed to submit the necessary information to the city, as required.</i>
5	<i>If any information on this form changes within the next year, I will contact the Office of the City Clerk to make changes.</i>
6	<b>I understand that my occupational business license will expire on the 31<sup>st</sup> of December and will be required to re-file this form along with payment</b>

\_\_\_\_\_  
Signature of Owner/Representative

\_\_\_\_\_  
Date