2026 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, 2026**

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 certify the information contained in this form is correct to the best of my knowledge.***
2 ☐	***I understand that if I have employees, I will be required to pay*** *one and a half* ***(1.50) percent of each employee's gross pay to the city once per quarter.***
3 ☐	***If applicable, I understand that my business is required to submit a net profit return at the end of its fiscal year.***
4 ☐	***I have received all the necessary forms from the tax administrator's office needed to submit the necessary information to the city, as required.***
5 ☐	***If any information on this form changes within the next year, I will contact the Office of the City Clerk to make changes.***
6 ☐	**I understand that my occupational business license will expire on the 31st of December and will be required to re-file this form along with payment**

_____ _____

Signature of Owner/Representative Date