

CITY OF OAK GROVE
P.O. BOX 250
OAK GROVE, KY 42262
Phone (270) 439-4646
Fax (270) 439-1201

APPLICATION FOR OCCUPATIONAL BUSINESS LICENSE
ORDINANCE #2008-05

1. APPLICANT INFORMATION

NAME OF APPLICANT _____

TRADE NAME OR DBA _____

ADDRESS

Oak Grove Location (Street) _____

Telephone # _____ Fax # _____

Mailing Address (if different from Oak Grove location)

Street _____ City _____

State _____ Zip _____

2. CHECK TYPE OF OWNERSHIP _____ Corporation _____ Sole Proprietor _____ Partnership _____ LLC

3. CORPORATION INFORMATION

If applicant is a corporation, please list corporate name exactly as it appears on your state and federal income tax return.

Corporate Name _____ Date of Incorporation _____

4. OWNER(S) OF BUSINESS

If an individual, give name, date of birth, residence address, and social security number; if a partnership, give this information for each partner, if a corporation, give the same information for the President, Vice President, Secretary and Treasurer.

Name	Date of Birth	Social Security #

List duly authorized representative of the business who is responsible for operating and managing the business in the City;

Name _____ D.O.B. _____ SS. # _____ Title _____

Residence Address _____

Home Telephone # _____ Night Emergency # _____

5. ACCOUNTING PERIOD

_____ Calendar Year _____ Fiscal Year _____ / _____ to _____ / _____ (please specify beginning of year)

6. IDENTIFICATION NUMBERS

Enter any of the following identification numbers which apply to your company:

FEDERAL EMPLOYER I.D. NUMBER (The number used to file Federal Income Tax) _____

7. Is the applicant the owner of the premises Yes _____ NO _____ If the answer is no, give:

NAME (Premises Owner) _____ Address _____

PHONE # _____

8. OCCUPATIONAL (PAYROLL) LICENSE FEE

A.) Will you have employees working in Oak Grove? YES _____ # Of Employees NO _____

If YES to Employees Please provide us with:

NAME _____ ADDRESS _____ NAME _____ ADDRESS _____

NAME _____ ADDRESS _____ NAME _____ ADDRESS _____

NAME _____ ADDRESS _____ NAME _____ ADDRESS _____

NAME _____ ADDRESS _____ NAME _____ ADDRESS _____

The City of Oak Grove has an occupational license fee of 1.5% of the gross wages paid to employees while they are working within the city limits. It is the responsibility of the business owner to withhold these fees and submit them to the City of Oak Grove on a quarterly basis. Forms will be provided. If you wish to have the withholding forms sent to an address other than that listed in Item No. 1, please indicate below:

NAME _____ ADDRESS _____

9. DATES OF BUSINESS ACTIVITY

A.) Date Business Activity began or will begin in Oak Grove: _____

B.) Is Business in Oak Grove to be: _____ Permanent _____ Temporary

If temporary, give approximate dates of activity in City: _____ to _____

10. TYPE OF BUSINESS ACTIVITY

A. Check appropriate business classification:

- | | |
|---|---------------------------------------|
| _____ Agriculture | _____ Wholesale Trade |
| _____ Retail Trade | _____ Insurance & Real Estate |
| _____ Manufacturing | _____ Services |
| _____ Transportation & Public Utilities | _____ Construction* |
| _____ Contractors* | _____ Sub-contractors* |
| _____ Independent Contractors* | _____ Motel** _____ Restaurant** |

*SEE ITEM C

**MOTELS HAVE A 3% TRANSIENT ROOM TAX, RESTAURANTS MUST COLLECT 2% ON ALL PREPARED FOODS.

B. Give brief description of primary business activity:

NAME	ADDRESS	PHONE

(To list additional names, attach a separate sheet)

11. AMOUNT OF LICENSE FEE

The minimum license fee due with this application is \$100.00 Retail / \$100.00 Professional/ \$100.00 Wholesale

Each business shall provide the City of Oak Grove a comprehensive list of all vendors with whom it conducts business within the City. This list shall be updated when the business provides the City with a tax return; as required by Section VI of Ordinance 2008-05.

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____ Telephone: _____

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____ Telephone: _____

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____ Telephone: _____

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____ Telephone: _____

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____ Telephone: _____

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____ Telephone: _____

DENIAL TO DELINQUENT TAXPAYERS

NO LICENSE WILL BE ISSUED TO ANY BUSINESS OR BUSINESS OWNER WHICH OWES THE CITY OF OAK GROVE ANY DELINQUENT REAL ESTATE OR TANGIBLE TAXES, ANY OCCUPATIONAL OR PAYROLL WITHHOLDING LICENSE FEES, ANY OTHER FEES, TAXES, OR ASSESSMENTS OF ANY KIND.

I hereby certify all information and statements herein are true and correct.

Signed _____ Date: _____

Official Title _____

(Owner, Partner, Member, Treasurer, Agents, Etc.)

I, certify that the above named individual/ business does not owe the City of Oak Grove any delinquent real estate or tangible taxes or any occupational or payroll withholding license fee or any other fee, taxes or assessments of any kind.

Utilities Director

Property Tax Clerk

City Clerk

Finance Director

13. OAK GROVE BUSINESS LOCATION APPROVAL

Since your business will be located in Oak Grove, your business location must be inspected and approved by the following city departments. No license can be issued to you until your location has been approved.

X _____
Planning & Zoning (270) 439-5979

X _____
Building Inspector (270) 439-4646

ISSUANCE OF LICENSE IS:

_____ Approved (City License # _____)

_____ Approved conditionally (condition attached)

_____ Denied (notification to applicant attached)

Date this _____ day of _____, _____
Month Year

Classification

City Clerk

COMMENTS: _____

OFFICIAL USE:

License # _____

Invoice # _____

Date: _____