

INITIAL APPLICATION
CITY OF ELIZABETHTOWN
MINIMUM LICENSE FEE

Name of Owner _____
Business Name _____ Phone No. _____
Business Address _____
Mailing Address _____
(if different from above)
Federal I.D. Number _____
Type of Business _____
Have All Other City, County & State Requirements Been Met? _____
Does This Usage Meet City Zoning Requirements? Yes _____ No _____
Number of Employees _____
Accounting Period: Calendar Year _____ Fiscal Year Ending _____
Do you rent or lease a location in Elizabethtown? YES / NO If yes, list Landlord's name & address:

It is understood that the City of Elizabethtown 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 and remitted to the City quarterly.

It is further understood that the City Finance Director has the right to withhold issuance of an initial business license or revoke a current business license should it come to his attention that the applicant's place of business is in violation of any of the requirements of the City's Zoning and Subdivision Ordinance. In some instances, a release form from the City of Elizabethtown's Department of Planning & Development may be required as a part of this application in order for a license to be issued.

Date _____ Owner's Signature _____

MAIL TO: Director of Finance
PO Box 550
Elizabethtown, KY 42702

FOR OFFICE USE ONLY

*** Verification of Proper zoning _____
City I.D. No. Assigned _____
Initials _____
Date _____
Business Release No. _____

Please return white copy with your remittance of \$25.00