



INITIAL APPLICATION
 CITY OF ELIZABETHTOWN
 MINIMUM LICENSE FEE



Name of Owner _____

Business Name _____ Phone Number _____

Business Address _____

Mailing Address (if different) _____

Federal I. D. Number _____ Email Address _____

Type of Business _____ Number of Employees _____

Have all other City, County & State requirements been met? _____

Does this usage meet City Zoning requirements? Yes _____ No _____

Accounting Period: Calendar Year _____ Fiscal Year Ending _____

Do you rent or lease a location in Elizabethtown? _____ If yes, list Landlord's name and 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 the employees and remitted to the City each quarter.

It is further understood 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 _____

PLEASE MAIL YOUR \$25.00 PAYMENT TO:

DIRECTOR OF FINANCE

P.O. BOX 550

ELIZABETHTOWN, KY. 42701

FOR OFFICE USE ONLY

City I. D. No. Assigned _____

*** Verification of Proper Zoning

Initials _____

Date _____

Business Release No _____