

**City of Park City**  
Application for Business/Occupational License

PO Box 304, Park City, Kentucky 42160  
Phone# 270-749-5695 Fax# 270-749-2425

LICENSES ARE VALID FOR A PERIOD OF ONE (1) YEAR FROM DATE ISSUED.

Business License \$75.00

Local Site Phone# \_\_\_\_\_

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

Description of Business: \_\_\_\_\_

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

Start Date in Park City: \_\_\_\_\_

Will you have employees working in Park City? ( ) No ( ) Yes Approx.# of Employees \_\_\_\_\_

\*\*Note that contract labor must be licensed individually  
And is responsible for payment of the appropriate taxes. \*\*

Quarterly Withholding Tax Return Mailing Address (if different from above)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_  
Contact: \_\_\_\_\_

Net Profits Fee Return Mailing Address (if different from above)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_  
Contact: \_\_\_\_\_

\*\* I am aware of the following Occupational requirements\*\*

2 ~~0~~ Occupational tax on Gross Payrolls which I am obligated, as employer, to withhold and remit to the City of Park City on a quarterly basis.

A Net Profits Return must be filed annually, based on 1.0% or \$25.00 of the business profits whichever is greater. I understand that this return must be completed regardless of profit earned.\*\*\*

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

INFORMATION BELOW IS NOT AVAILABLE TO PUBLIC

Accounting Period per Federal Return: Calendar Year \_\_\_\_\_ Fiscal Year End Date \_\_\_\_\_

Federal I.D. Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Federal ID # or Social Security # is required

OWNER INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

SS#: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

SS#: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_