City of Park City, KY

PO Box 304, Park City, KY 42160
(270)749-5695
Email: cityhall@parkcity.ky.gov

Application for Business/Occupational License Business License $100.00

Business Name. _____ Start Date. _____
Local Address. _____
Local Contact. _____
Description of Business. _____
How many employees will be in Park City? _____

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

Quarterly Withholding Tax Return Information (if different than above).
Contact Person. _____ Telephone #. _____
Address. _____

Net Profits Fee Return Mailing Address (if different than above)
Contact Person. _____ Telephone #. _____
Address. _____

Initial below acknowledging the following Occupational Requirements.

_____ A 2% occupational tax on Gross Payrolls which I am obligated, as employer, to withhold and remit to the City of Park City, Key on a quarterly basis.

_____ A Net Profits Return must be filed annually, based on 1% of the business profits or $25, whichever is greater.

_____ I understand that this return must be completed regardless of profit(s) earned.

_____ _____
Signature of Applicant. Date.

Information Below is NOT Available to the Public

Accounting Period-Federal Return. _____ Calendar Year. _____ Fiscal Year End Date. _____
Federal ID/Social Security # (one is required). _____
Owner Information.
Name. _____ Contact #. _____
Address. _____