**CITY OF FULTON**

**P. O. BOX 1350 FULTON, KY 42041**

**APPLICATION FOR OCCUPATIONAL LICENSE**

**Every business or individual subject to the Occupational License Fee is required to complete this application and return it with $75.00 to the City Clerk of Fulton. The $75.00 fee is not required of nonprofit organizations.**

**The following information is required for our records:**

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_ BUSINESS NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_\_

CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ MAILING ADDRESS (if different from above)

PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_\_

Accounting Period:

\_\_\_\_\_ Calendar Year

\_\_\_\_\_ Fiscal Year \_\_\_\_\_/\_\_\_\_\_ Federal Tax EIN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is Business a/an: [ ]  Individual [ ]  Partnership

 [ ]  Corporation (List name and address of each officer and agent)

 [ ]  Other (Describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of Business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of business operation started in the City of Fulton \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have or will you have employees working in the City of Fulton? [ ]  Yes [ ]  No

If Yes, the City of Fulton’s Payroll Tax to be withheld is 2%

Number of Employees \_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Name Signature Date

Official Use Only Account # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_