

**CITY OF MADISONVILLE, KENTUCKY
APPLICATION FOR MINIMUM
OCCUPATIONAL LICENSE FEE**

BUSINESS OWNER: _____

BUSINESS NAME: _____ Phone Number: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____ EMAIL: _____

FEDERAL ID NUMBER OR SOCIAL SECURITY NUMBER: _____

BUSINESS CLASSIFICATION: Individual Owner Partnership
 Corporation Other _____

TYPE OF BUSINESS: _____

HAVE CITY PLANNING & ZONING REQUIREMENTS BEEN MET? Yes No

NUMBER OF EMPLOYEES WORKING IN CITY: _____

DATE ACCOUNTING PERIOD ENDS: _____

DATE BUSINESS BEGAN OPERATING IN CITY: _____

It is understood that the City of Madisonville 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 working in the City and remitted to the City quarterly.

DATE: _____

SIGNATURE: _____

TITLE: _____

Optional:
Is your business 51% owned by one or more of the following? Check all that apply
 Female Veteran Minority

Mail to: DIRECTOR OF FINANCE
CITY OF MADISONVILLE
P.O. BOX 1270
MADISONVILLE, KY 42431

PLEASE RETURN THIS COPY WITH YOUR
REMITTANCE OF \$ 25.00
PAYABLE TO "DIRECTOR OF FINANCE"



OFFICE USE ONLY	
License # Assigned	_____
I.D. No. Assigned	_____
Date Issued	_____
Initials	_____