

CITY OF BROWNSVILLE

PHONE 270-597-3814 FAX 270-597-3274

APPLICATION FOR BUSINESS LICENSE

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT): _____

PHONE NUMBER: _____ FAX: _____

EMAIL: _____

NATURE OR DESCRIPTION OF BUSINESS: _____

NAME OF LOCAL MANAGER: _____

NAME OF OWNER: _____

DATE BUSINESS STARTED: _____

WILL YOU HAVE EMPLOYEES WORKING IN BROWNSVILLE? YES ___ NO ___

NUMBER OF EMPLOYEES _____

CHECK ENTITY TYPE: INDIVIDUAL ___ PARTNERSHIP ___ CORPORATION
___ OTHER ___

I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT.

SIGNATURE OF APPLICANT

DATE OF APPLICATION

APPROVED BY: _____

INFORMATION BELOW IS CONFIDENTIAL

SOC. SEC. NO. _____ AND OR EIN _____

ACCOUNTING PERIOD PER FEDERAL RETURN:

CALENDAR YEAR _____ FISCAL YEAR END DATE: _____

MAKE CHECK PAYABLE TO: **CITY OF BROWNSVILLE,**
P O BOX 238, BROWNSVILLE, KY 42210

A \$40.00 FEE SHALL BE SUBMITTED FOR APPROVED APPLICATIONS BEFORE A BUSINESS LICENSE WILL BE ISSUED.

\$40.00 BUSINESS LICENSE _____

OR

SET UP ON QUARTERLY OCCUPATION TAX _____