

**CITY OF OWENSBORO/DAVISS COUNTY FISCAL COURT  
OCCUPATIONAL BUSINESS LICENSE APPLICATION**

PO BOX 10008, OWENSBORO KY 42302

PHONE: (270) 687-5600 FAX: (270) 687-8526 www.owensboro.org

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1. Check one \_\_\_\_\_ New application \_\_\_\_\_ Adding a city license to account # \_\_\_\_\_

2. Check where business is conducted: Make check payable to "Occupational Tax Administrator"

\_\_\_\_\_ \$ 75 City of Owensboro \_\_\_\_\_ \$0 Daviess County  
**(Minimum Annual License Fee)**

Every business or individual subject to the City of Owensboro/Daviess County, KY Occupational License Ordinance is required to complete this application and return it to the City of Owensboro. **WARNING: Any false statement made herein shall be punishable according to law; and may be cause for denial of the application or the revocation of the business license issued pursuant thereto.**

3. Legal Name of Business or Applicant if Sole Proprietor: \_\_\_\_\_

4. Doing Business As or Trade Name (if applicable): \_\_\_\_\_

5. Brief description of business activity: \_\_\_\_\_

6. Primary Business Address or Corporate Headquarters:	
Contact Name	_____
Address	_____
City	_____ State _____ Zip _____
Telephone ( )	_____
Email	_____

7. City of Owensboro/Daviess County Business location:	
Contact Name	_____
Address	_____
City	_____ State _____ Zip _____
Telephone ( )	_____
Email	_____

8. Mailing Address for Payroll Withholding Forms:	
Contact Name	_____
Address	_____
City	_____ State _____ Zip _____
Telephone ( )	_____
Email	_____

9. Mailing Address for Net Profit Return:	
Contact Name	_____
Address	_____
City	_____ State _____ Zip _____
Telephone ( )	_____
Email	_____

10. Business Entity (Select One):  
 Sole Proprietor     Partnership     Corporation  
 LLC - Individual     LLC - Partnership     Non Profit \*

\* NOTE: Non Profit must attach 501 C(3) Determination Letter from Internal Revenue Service

11. KY Sales Tax No. \_\_\_\_\_ 12. KY Withholding Tax No. \_\_\_\_\_

13. Commonwealth Business Id No. \_\_\_\_\_

14. Federal ID No. \_\_\_\_\_ AND/OR Social Security No. \_\_\_\_\_

15. Accounting Period:  Calendar Year  Fiscal Year Ending \_\_\_\_\_

16. Date Business will begin in the City of Owensboro and/or Daviess County, KY \_\_\_\_\_

17. Is Business in the City of Owensboro and/or Daviess County to be: \_\_\_\_\_ Permanent \_\_\_\_\_ Temporary

If temporary, give approximate dates of activity: \_\_\_\_\_

18. When did or will you first pay employees for working in the City of Owensboro and/or Daviess County \_\_\_\_\_

**Withholding fee for City of Owensboro = 1.78%      Daviess County = 0.70%**

\_\_\_\_\_ I have no employees working in the City of Owensboro and/or Daviess County, KY

19. Owner(s) of Officers of Business:

NAME	ADDRESS	PHONE #	DOB	SOCIAL SECURITY #

20. Is the applicant the owner of the premises to be licensed?      \_\_\_ YES      \_\_\_ NO

If you answered **NO** please complete information below.

Name (Premise Owner) \_\_\_\_\_ Address \_\_\_\_\_

**DENIAL TO DELINQUENT TAXPAYERS**

NO LICENSE WILL BE ISSUED OR RENEWED TO ANY BUSINESS OR INDIVIDUAL WHICH OWES THE CITY OF OWENSBORO AND/OR DAVIESS COUNTY, KY ANY DELINQUENT REAL ESTATE OR TANGIBLE TAXES OR ANY OCCUPATIONAL OR PAYROLL WITHHOLDING LICENSE FEES OR ANY OTHER FEE, TAXES, OR ASSESSMENTS OF ANY KIND. ALL LICENSES ARE SUBJECT TO REVOCATION FOR VIOLATION OF THE OWENSBORO MUNICIPAL CODE.

**I hereby certify all information and statements herein are true and correct.**

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Official Title \_\_\_\_\_

(Owner, Partner, Member, Treasurer, Agent, Etc.)

**PLANNING & ZONING ADMINISTRATOR/BUILDING INSPECTOR (270) 687-8665**

APPROVAL \_\_\_\_\_ Date \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**MAIL APPLICATION TO:**  
City of Owensboro  
PO Box 10008  
Owensboro, KY 42302

**OR**

**DROP OFF AT:**  
City Hall  
101 E 4th Street  
Owensboro, KY

**PLEASE MAKE CHECK PAYABLE TO: OCCUPATIONAL TAX ADMINISTRATOR**