

**CITY OF OWENSBORO/DAVISS COUNTY FISCAL COURT  
 OCCUPATIONAL BUSINESS LICENSE APPLICATION  
 P.O. BOX 10008  
 OWENSBORO, KY 42302  
 (270) 687-5600**

**NOTE: IF YOU HOLD A CURRENT CITY OF OWENSBORO BUSINESS LICENSE IT IS NOT NECESSARY TO APPLY FOR A DAVIESS COUNTY FISCAL COURT BUSINESS LICENSE.**

**1. APPLICANT INFORMATION**

NAME OF APPLICANT \_\_\_\_\_

TRADE NAME OR DBA \_\_\_\_\_

**2. OWENSBORO/DAVISS COUNTY LOCATION INFORMATION**

How many locations will this business operate from \_\_\_\_\_? If more than one, attach a Location Information form, giving the address of each location. The Location Information form is available upon request.

**ADDRESS**

Owensboro/Daviess County Location (Street) \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone# \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address( if different from Owensboro/Daviess County Location)

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**3. CHECK TYPE OF OWNERSHIP**

\_\_\_\_\_ Corporation \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Partnership  
 \_\_\_\_\_ LLC (Sole Proprietor) \_\_\_\_\_ LLC (Partnership) \_\_\_\_\_ LLC (Corporation)

**\*NOTE: Other Business entities may be required to obtain an Occupational Business License**

**4. CORPORATION INFORMATION**

If applicant is a corporation, please list corporate name exactly as it appears on your federal income tax return.

Corporate Name \_\_\_\_\_ Date of Incorporation \_\_\_\_\_

**5. OWNER(S) OF BUSINESS**

If an individual, give name, date of birth, residence address, and social security number; If a partnership, give this information for each partner; If a corporation, give the same information for the President, Vice President, Secretary and Treasurer.

Name	Date of Birth	Social Security #

List duly authorized representative of the business who is responsible for operating and managing the business in Owensboro/Daviess County:

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ S.S.# \_\_\_\_\_ Title \_\_\_\_\_

Residence Address \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Night Emergency # \_\_\_\_\_

**6. ACCOUNTING PERIOD**

\_\_\_\_\_ Calendar Year \_\_\_\_\_ Fiscal Year \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ (please specify beginning of year)

7. **IDENTIFICATION NUMBERS**

Enter any of the following identification numbers which apply to your company:

FEDERAL EMPLOYER I.D. NUMBER \_\_\_\_\_ - \_\_\_\_\_

SOCIAL SECURITY NUMBER (If you are sole proprietor) \_\_\_\_\_

8. **PAYROLL WITHHOLDING FEE**

A.) Will you have employees working in the corporate city limits of Owensboro? \_\_\_\_ YES \_\_\_\_ NO

B.) Will you have employees working in Daviess County, outside the corporate city limits of Owensboro? \_\_\_\_ YES \_\_\_\_ NO

C.) First Date Wages/Other Compensations are to be paid to employees: \_\_\_\_\_

The City of Owensboro assesses a withholding fee of 1.33% of the compensation paid to employees while they are working within the city limits. Daviess County assesses a withholding fee of .35% of the compensation paid to employees while they are working in Daviess County, outside the corporate city limits of the City of Owensboro. It is the responsibility of each employer to withhold these fees and submit them on the required periodic basis. For the first year after registration the withholdings for either jurisdiction will be remitted by the employer on a quarterly basis. The employer will be notified of any change from the quarterly filing status. Forms for submitting the employee withholdings will be mailed to the employer well in advance of the applicable due dates. If you wish to have the withholding forms sent to an address other than that listed in Item No. 2 on page 1 of this application, please indicate below:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

9. **BUSINESS ACTIVITY**

**Business Activity** within the City of Owensboro or Daviess County occurs when a business generates sales revenue or receipts from the sale, lease, or rental of goods, services or property within either jurisdiction and/or is paying compensation to employees working within the jurisdiction(s). **NOTE:** Sales revenues or receipts generated within the corporate city limits of Owensboro constitutes business activity in the City of Owensboro. Sales revenues or receipts generated in Daviess County, outside the corporate city limits of Owensboro, constitutes business activity in Daviess County.

A.) Will you or have you conducted business activity in the City of Owensboro: \_\_\_\_ YES \_\_\_\_ NO

B.) Indicate the date business activity began or will begin in the City of Owensboro: \_\_\_\_/\_\_\_\_/\_\_\_\_

C.) Will you or have you conducted business activity in Daviess County: \_\_\_\_ YES \_\_\_\_ NO

D.) Indicate the date business activity began or will begin in Daviess County: \_\_\_\_/\_\_\_\_/\_\_\_\_

E.) Is Business in Owensboro/Daviess County to be: \_\_\_\_ Permanent \_\_\_\_ Temporary

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

F.) Is business classified as non-profit for federal tax purposes: \_\_\_\_ YES \_\_\_\_ NO

10. **TYPE OF BUSINESS ACTIVITY**

A. Check appropriate business classification:

- |  |  |
|--|--|
| <input type="checkbox"/> Agriculture, Forestry, Fishing    | <input type="checkbox"/> Wholesale Trade         |
| <input type="checkbox"/> Mining                            | <input type="checkbox"/> Retail Trade            |
| <input type="checkbox"/> Construction                      | <input type="checkbox"/> Insurance & Real Estate |
| <input type="checkbox"/> Transportation & Public Utilities | <input type="checkbox"/> Manufacturing           |
| <input type="checkbox"/> Services                          | <input type="checkbox"/> Public Administration   |

B. Give brief description of primary business activity:

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

**11. AMOUNT OF LICENSE FEE DUE WITH THIS APPLICATION**

The City of Owensboro requires the payment of a \$47 minimum license fee with this application, unless being filed by a non-profit organization or by an applicant under 18 years of age. Daviess County requires no payment with this application. If you answered **Yes** to question A in Section 9, unless exempt as described above, submit \$47 with the application. If you answered **No** to question A in Section 9 no payment is required to be made with the application. **MAKE CHECK PAYABLE TO: OCCUPATIONAL TAX ADMINISTRATOR** if payment is required. **MAIL TO: Occupational Tax Administrator**

**PO Box 10008  
Owensboro, KY 42302**

**12. BUSINESS LOCATION INFORMATION**

A.) Proposed Use of Location: \_\_\_\_\_

B.) Existing Use of Location: \_\_\_\_\_

C.) Approximate Building Area Size: \_\_\_\_\_

D.) Total Number of Off-street Parking Spaces: \_\_\_\_\_

E.) Are major alterations planned: \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, give brief explanation:  
\_\_\_\_\_  
\_\_\_\_\_

F.) Is the applicant the owner of the premises to be licensed? \_\_\_\_\_ YES \_\_\_\_\_ NO If the answer is no give:

NAME (Premise Owner) \_\_\_\_\_ Address \_\_\_\_\_

**DENIAL TO DELINQUENT TAXPAYERS**

NO LICENSE WILL BE ISSUED TO ANY BUSINESS WHICH OWES THE CITY OF OWENSBORO OR DAVIESS COUNTY 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.

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

SIGNED x \_\_\_\_\_ Date \_\_\_\_\_

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

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

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

**13. CITY OF OWENSBORO BUSINESS LOCATION APPROVAL**

If your business is located in the City of Owensboro your business location must be inspected and approved by the following department.

x \_\_\_\_\_  
Planning & Zoning Administrator/Building Inspector (270) 687-8665

COMMENTS:

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