

**CITY OF WEST BUECHEL
3705 BASHFORD AVENUE
LOUISVILLE, KY 40218**

APPLICATION FOR BUSINESS LICENSE FOR CITY OF WEST BUECHEL, KENTUCKY

BUSINESS LICENSE – Ordinance No. 248, Series 2013 - Every business is required to obtain a business license to operate in West Buechel and must be renewed by June 30th each year. The cost is One Hundred Seventy- five dollars (\$175.00). An additional Ten Dollar (\$10.00) late fee will be added for each month after the due date until paid in full. Temporary business license permit is Five dollars (\$5.00) per day. SEE ADDITIONAL PAGES FOR SIGN FEES

If you have any questions you may contact the Clerks at West Buechel City Hall. The hours are Monday thru Friday, 8:00 am to 4:00 pm. The phone number is (502)-459-4400.

Your business license must be visible to the public. New Application__ Renewal Application__

Owner's Name _____ Email _____

- o Individual _____ Building: Owned____ Leased____
- o Corporation (Date organized __/__/__ State __)
- o Partnership (List names and address of each partner on line 1)
- o Other _____

1. Business Name _____
(If different from that given above)

2. Addresses (Please complete all addresses applicable – indicate zip code and telephone number)

- o Principal Business Location _____ Tel No _____
- o West Buechel Location _____ Tel No _____
- o Residence (If individual proprietorship, or self-employed person) _____
- o Mailing address (If different from above) _____
- o If Corporation: Name and address of Authorized Agent: _____

3. Accounting Period _____ Calendar Year OR _____ Fiscal year ends: Month _____ Day _____

4. Federal Tax Identification Number or Social Security Number _____

5. Nature of Business and Hours of Operation (Please describe your business and its operations, including where and how sales, services, or other activities take place. Include any pertinent information)

6. Date operation in West Buechel started _____/_____/_____

7. Do you have or will you have any employees working in West Buechel? ____ Yes ____ No

8. Do you have receipts from an occupation or business activity in West Buechel? ____ Yes ____ No

9. If business was obtained from a previous owner, or a change in the type of organization:

- a) Give date of acquisition or change _____/_____/_____
- b) Give name of previous owner or organization _____
- c) Give former trade name, if any _____

10. Local Emergency Contact Information: _____

Name and Phone Number for Police use in the event of a burglar alarm or fire etc.

I hereby certify that all information and statement herein are true and correct.

Date _____ Signature: _____