

City of West Buechel

3705 BASHFORD AVENUE WEST BUECHEL,

KENTUCKY 40218

OFFICE: (502) 459-4400

FAX: (502) 456-6928

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. A 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 and the emails are g.brown@westbuechelky.gov.

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

Owner's Name _____ Email _____

- Individual Building: Owned _____ Leased _____
- Corporation (Date organized ___/___/___ State ___)
- Partnership (List names and address of each partner on Line 1)
- Other _____

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

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

a) Principal Business Location _____ Tel # _____

b) West Buechel Location _____ Tel # _____

c) Residence (If individual proprietorship, or self-employed person) _____

d) Mailing address (If different from above) _____

e) (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 relevant information) _____

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

7. Do you have or will you have any employees working in West Buechel? Yes ___ (# of workers ___) 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 _____

ALL EMPLOYEES AND/OR CONTRACT EMPLOYEES WORKING IN THE CITY LIMITS MUST FILE QUARTERLY OCCUPATIONAL TAX RETURNS TO THE CITY OF WEST BUECHEL.

Ordinance No. 269, Series 2017 - The occupational tax shall be measured by 1.5% of all wages and compensation paid or payable in the city for work done or services performed or rendered in the city by every resident and nonresident who is an employee.

10. Payroll Service Provider: _____
Phone: _____ Fax: _____ Contact: _____

11. Corporate/Business Payroll Contact: _____
Phone: _____ Fax: _____ Contact: _____

Emergency Contact Information

12. Local Emergency Contact Information for Police use in the event of a burglar alarm, fire etc.

Name _____ Home # _____ Cell # _____

Name _____ Home # _____ Cell # _____

Burglar Alarm Information (If Applicable)

Type of Alarm: Burglary Monitor Local Visual (Lights) Robbery

Silent Audible Panic Duress Trouble

13. Alarm Company Name _____ Phone # _____

14. Alarm Company Monitoring Station Name _____

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

Date _____ Signature: _____