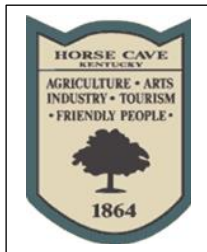


CITY OF HORSE CAVE

**121 Woodlawn Ave
PO Box 326
Horse Cave, KY 42749**



www.horsecaveky.com

**270-786-2680
fx 270-786-2688
horsecave@hotmail.com**

APPLICATION FOR OCCUPATIONAL LICENSE

Every business or individual operating within the city limits of Horse Cave is subject to the Occupational License Fee and/or Occupational Payroll Tax and is required to complete this application and return it to the address above. A copy of the Occupation License and Payroll Tax Ordinance can be found on the City website, drop down box 'City Government/Forms and Ordinances'.

According to the opinion of Kentucky's Attorney General(OAG 85-1), the responses to questions 1,3, and 6 below are to be provided to anyone upon request, pursuant to the Kentucky 'Open Records Law'.

- 1. **DATE** _____
- 2. **CHECK ONE:** Business _____ Secondary Business/Add Location _____ Transient _____ Fireworks _____
 New Owner/Transfer _____ Information Change _____ Unloading: Flammable _____ Non-Flammable _____
 Contractor: Single Type _____ General _____ Sub _____ (Provide general contractor name & location of project) _____
 *Contractors require proof of liability insurance w/application *Food business requires health inspection permit
 *Fireworks requires fire marshal permit, building permit, fire chief inspection prior to licensing
- 3. **BUSINESS NAME:** _____
- 4. **OWNER/PRIMARY CONTACT:** _____
- 5. **PHYSICAL BUSINESS ADDRESS:** _____
 CITY: _____ STATE _____ ZIP _____
- 6. **MAILING ADDRESS (if different than business address):** _____
 CITY: _____ STATE _____ ZIP _____
- 7. **BUSINESS PHONE #** _____ **SECONDARY/CELL #** _____
FAX # _____ **EMAIL** _____
- 8. **BUSINESS IS (check one):** Individual _____ Partnership _____ Corporation _____ LLC _____ LLP _____
- 9. **BUSINESS ID# (EIN, SS)** _____ **PROFESSIONAL LICENSE** _____
- 10. **DESCRIBE YOUR BUSINESS ACTIVITY IN DETAIL (Attach separate sheet if necessary)**

- 11. **DATE OPERATION STARTED (OR WILL START) IN HORSE CAVE** _____
- 12. **DO YOU HAVE (OR WILL HAVE) EMPLOYEES WORKING IN THE CITY OF HORSE CAVE?**
 Yes _____ Number of Employees _____ No _____
- 13. **WILL YOU HAVE SIGNAGE AT YOUR PHYSICAL LOCATION?** _____ (Permit required)
- 14. **PLEASE PROVIDE ADDRESS (if different from above) TO SEND NOTIFICATIONS OF:**

OCCUPATION LICENSE RENEWAL:

PAYROLL TAX QUARTERLY FORMS:

I declare under penalty of perjury that the above application is true and correct to the best of my knowledge. I certify that I will operate my business in accordance with all applicable federal, state, and city laws and regulations and permit enforcement authority onto business property for inspection of such laws and regulations.

SIGNED: _____
Date: _____

OFFICIAL USE ONLY	
Zoning Location	_____
Conditional Use?	_____
Approved by	_____
Fee Pd _____ cash _____ Ck# _____	
Fire Inspection Required?	_____
Fire Inspection approval:	_____