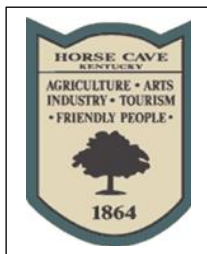


CITY OF HORSE CAVE

**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

An Occupational License is required by any entity or individual that intends to do business for profit in the City and does not require a physical location. This includes landlords, real estate agents, insurance agents, construction workers and any other independent contractor. A physical location in the City requires a one-time Zoning Permit. License are annually, 7/1-6/30 and may be prorated. According to the opinion of Kentucky's Attorney General(OAG 85-1), the responses to questions 1,2, 3, and 6 below are to be provided to anyone upon request, pursuant to the Kentucky 'Open Records Law'.

- 1. **DATE** _____ - Include a copy of Kentucky Sales Tax certificate for retail businesses-
- 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:	_____