

Gary D. Crenshaw

Mayor

Phone (270) 692-6272

CITY OF LEBANON

P.O. BOX 840

118 S. PROCTOR KNOTT AVENUE

LEBANON, KY 40033

Jessica R. Roller

Tax Administrator

Fax (270) 692-4638

BUSINESS LICENSE APPLICATION

New Business

Renewal

Update/Change of Information

Type of License:

Standard \$25.00/Yr

Al Fresco \$10.00/Yr

Auctioneers \$10.00/Day or \$100.00/Yr

Auction House/Lot \$10.00/Day or \$100.00/Yr

Billiards \$100.00/ Yr

In Home Business \$25.00/Yr

Collection Agencies \$100.00/Yr

Day Merchants \$35.00/Day or \$100.00/Yr

Itinerants \$10.00 per employee, per job

Pawnbrokers \$100.00/Yr

Sales Agents/Reps \$10.00/Day or \$100.00/Yr

APPLICANT NAME: _____

BUSINESS NAME: _____

DBA (or) AKA: _____

OWNER(S): _____

FEDERAL EMPLOYER ID (TAX ID): _____

(Attach Articles of Organization)

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

(Individuals must attach a copy of a valid driver's license)

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

E-MAIL ADDRESS: _____

CONTACT NAME: _____ PHONE NUMBER: _____

(Preferably Registered Agent)

NATURE OF BUSINESS: _____

Date Business Started in Lebanon: _____

Form of Business:

Individual Owner

Corporation

Other _____

Fiduciary

Partnership

Was business acquired from a previous licensee? Yes No

Do you have employees working within city limits? Yes No Number of Employees: _____

Basis of Accounting: Cash Accrual

Accounting Period: Calendar Year Fiscal Year _____ To _____

I hereby certify that the information provided herein is true and accurate to the best of my knowledge. I understand that obtaining a business license does not guarantee my right to do business at the location indicated. I hereby affirm that I will comply with the City of Lebanon Business Rules & Regulations.

Signature _____ Date _____

*Please Remit To: City of Lebanon
P.O. Box 840, Lebanon, KY 40033