Gary D. Crenshaw
Mayor

Phone (270) 692-6272

CITY OF LEBANON
P.O. BOX 840
240 W. MAIN ST.
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