

IMPORTANT: * A ZONING PERMIT MAY BE REQUIRED BEFORE YOU BEGIN BUSINESS ACTIVITY. CONTACT CITY OR COUNTY AS NEEDED AT TELEPHONE NUMBER ON BACK FOR DETERMINATION. * DOOR-TO-DOOR SOLICITATION REQUIRES ADDITIONAL CITY PERMIT. CONTACT CITY OR COUNTY AS NEEDED AT TELEPHONE NUMBER ON BACK FOR DETERMINATION.

BUSINESS LICENSE FEES (Fees may not apply to non-profit organizations, clergy, or domestic servants.)

1) **CHECK ONE:** NEW APPLICATION ADDING A CITY LICENSE TO EXISTING LICENSE # _____

2) **CHECK BELOW AS NEEDED:** (A) CITY LICENSE(S) ONLY OR: (B) COUNTYWIDE BUSINESS LICENSE

A) CITY LICENSE(S) ONLY:

CITY	FEE	CITY	FEE	CITY	FEE	CITY	FEE
<input type="checkbox"/> BROMLEY	\$50	<input type="checkbox"/> ELSMERE	\$50	<input type="checkbox"/> INDEPENDENCE	\$50	<input type="checkbox"/> TAYLOR MILL	\$50
<input type="checkbox"/> COVINGTON	\$50	<input type="checkbox"/> ERLANGER	\$50	<input type="checkbox"/> LAKESIDE PARK	\$50	<input type="checkbox"/> VILLA HILLS	\$50
<input type="checkbox"/> CRESCENT SPRINGS	\$50	<input type="checkbox"/> FORT MITCHELL	\$50	<input type="checkbox"/> LUDLOW	\$50	<input type="checkbox"/> KENTON COUNTY	NO FEE
<input type="checkbox"/> CRESTVIEW HILLS	\$50	<input type="checkbox"/> FORT WRIGHT	\$50	<input type="checkbox"/> PARK HILLS	\$50		
<input type="checkbox"/> EDGEWOOD	*\$100	<input type="checkbox"/> RYLAND HEIGHTS	\$50				

B) COUNTYWIDE BUSINESS LICENSE Valid in all Cities above **(\$225)** Total "A" or "B": \$

*EDGEWOOD: \$50 of Edgewood fee can be applied as credit to annual Edgewood net profit tax.

MAKE CHECK PAYABLE TO KENTON COUNTY FISCAL COURT

WARNING: Statements in this application shall be made under oath, or by affirmation or by any other legally authorized manner of attesting to the truth of such statement. Any false statements made herein shall be punishable according to law; and may be cause for denial of the application or the revocation of the business license issued pursuant thereto.

PLEASE TYPE OR PRINT:

1) Complete Name of Business Owner _____

2) Trade Name of Business _____

3) Business Owner Address _____
City, State, and Zip +4 _____

4) Phone _____ Fax _____ Emergency or Night No. _____

5) Mailing Address for Tax Forms _____
City, State, and Zip +4 _____

6) Contact Persons: For Payroll Withholding, Annual License Fees, Business License Renewal Fee

Name	Title	Phone	Email
_____	_____	_____	_____

7) Street address of where business will be conducted in Kenton County _____

8) Phone _____ Fax _____ Emergency or Night No. _____

QUESTIONS OR ASSISTANCE
PLEASE CALL
Office of the License Inspector
(859) 392-1440 · Fax (859) 392-1459



Kenton County Fiscal Court
Kenton County Building, Suite 5100
1840 Simon Kenton Way
P.O. Box 792
Covington KY 41012-0792
The Collecting Agent for Occupational License Fees for Kenton County and Cities', Kentucky

OFFICE USE ONLY

CITY _____
ZONING APPROVAL _____
DATE _____

FORMS TO SEND _____
SET D _____
ANN YR _____
LIC YR _____
LIC EXP DATE _____
ACT CODE _____
PIDN _____
SUBS _____
SIC CODE _____
OCC LIC NUMBER _____

9) SELECT ONLY ONE AND COMPLETE:

SOLE PROPRIETOR/ SINGLE MEMBER LLC	SSN: _____	11) Does your business use Hazardous Materials?	Yes	
	Date of Birth: _____		No	
	CORPORATION/LLC		12) Will any part of business activity be performed in your home?	Yes
	Date Organized: _____	No		
Accounting Period: _____	Calendar Year _____	13) Date Business to Begin in County: _____		
Fiscal Year Ending: _____	Month: _____ Day: _____			
Officers' Names: _____		14) Do you / Will you have Employees working within Kenton County?	Yes	
			Estimated # of Employees: _____	No
Address: _____		15) Will the employees be working from their home?	Yes	
City: _____ State: _____ Zip: _____			No	
PARTNERSHIP:		16) Do You or Will You Use Independent Contractors?	Yes (Include names & addresses)	
	Partners' Names and Addresses: _____		No	
		17) Do You / Will You Use "Leased" or "Temporary Help" Employees?	Yes	
			Estimated # of Employees: _____	No
NON-PROFIT (Attach IRS Determination of Status)		If yes, include name(s) and address(es) of leasing or temporary agency(s)		
OTHER:		18) Nature of Business: (Please describe your business and its operation, including where and how sales, services or other activities take place. If nature of business is own or operate rental property, include full address of rental property.)		
Please describe: _____				
10) Federal Tax Identification Number _____				
NAICS (Business Activity Code): _____				

I HEREBY CERTIFY THAT ALL INFORMATION AND STATEMENTS HEREIN ARE TRUE AND CORRECT. (Application and payment will be returned if any part incomplete.) Occupational License will be issued upon processing of completed application. Please allow four to six weeks for processing.

Signature

Print Name

Date

Title