



CITY OF RICHMOND

Department of Codes, Planning, Safety & Risk Management

239 West Main Street, Richmond, KY 40475

Telephone: (859) 625-6404 Fax: (859) 625-6401

www.buildrichmondky.com

Internal Use Only:

Finance Code: Permit

Fee: _____

Approval: _____

Business License Application

THIS APPLICATION IS FOR A BUSINESS LICENSE ONLY. BUILDING PERMITS ARE REQUIRED FOR ANY CONSTRUCTION WORK BEING DONE; ALL INFORMATION MUST BE ACCURATE AND LEGIBLE. PLEASE ALLOW 5-7 BUSINESS DAYS FOR PROCESSING.

PLEASE NOTE, ALL APPLICATION FEES ARE NON-REFUNDABLE

Business Information

Business/Trade Name:	
Doing Business As (DBA name):	
Physical Business Address (PO Boxes, not accepted):	
Mailing Address:	
Nature of Business:	License Type: <input type="checkbox"/> Permanent \$50 <input type="checkbox"/> Temporary \$500 <input type="checkbox"/> Food Truck \$100
Type of Business: <input type="checkbox"/> Corporation* <input type="checkbox"/> S Corporation <input type="checkbox"/> Sole Proprietor/Individual <input type="checkbox"/> Partnership* <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit (copy of federal exemption letter required) *Partnerships/Corporations: List of all partners with contact information required	

Name of Business Owner:	
Contact Person, Title (if different from owner):	
Phone Number:	Email Address:
Federal ID (FEIN):	Social Security Number (required, if no FEIN):
Accounting Period per Federal Income Tax Return: <input type="checkbox"/> Calendar Year <input type="checkbox"/> Fiscal Year: Month _____ /Day _____	
Please check this box if you consent to the City of Richmond Finance Department discussing your returns with your tax preparer: <input type="checkbox"/>	
Tax Preparer Name: _____ Phone Number: _____	
Date business started in Richmond:	Number of Employees (if applicable):
Do you have other business entities in Richmond? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide list of existing businesses	Do you have subcontractors/other contract labor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide list of subcontractors

By submitting this application, I understand that set forth under Ord.07-40, the City of Richmond collects an occupational license tax on net profits from business conducted within the city and that an annual return must be filed with the City of Richmond Finance Department whether or not the business has shown a profit (\$25 min fee due). I also understand, that a license fee must be withheld from earnings of employees working in the city and remitted to the City of Richmond Finance Department on a quarterly basis.

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Applicant Signature: _____ Date: _____