

APPLICATION FOR BUSINESS AND OCCUPATIONAL LICENSE FEE

Please answer **ALL** questions fully.

1. Business or Individual Name: _____
2. Will you have a Physical Location Within City Limits? Yes _____ No _____
3. Business Location (Within City Limits): _____
4. Business Location (Physical Address): _____

- Business Mailing Address: _____

- Telephone Numbers (include area code): Business: _____ Fax: _____
5. E-mail address: _____
6. Federal Tax I.D. #: _____ and / or Social Security Number: _____
7. Nature or description of business: _____
8. Do you have subcontractors or any other contract labor? _____ If yes, please aattacha detailed listing.
9. Date business started in Prestonsburg: _____ Number of employees working in Prestonsburg: _____

All information contained on this application is necessary for our records and will be held in strict confidence.
 See webpage for fee schedule.

Issuance of this City of Prestonsburg Business License provides a license to conduct business within the City Limits of Prestonsburg only and does not constitute an approval of any location selected for your business. A copy of this application will be provided to the City's Code Enforcement and Zoning Office. A Code Enforcement Officer will be in contact with the applicant; however, it shall be the responsibility of the Applicant, upon selection of a physical location for this business, to contact the Code Enforcement Officer for a premise inspection to ensure the location meets the established codes for public buildings. Any necessary changes or updates needed to meet applicable code shall be completed in a timely manner as determined by the Code Enforcement Officer. Failure to comply with required inspections and obtain necessary permits may result in additional fines and possible closure until such zoning and safety issues are resolved.

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and belief and I agree to the terms set forth above for a physical location in the City of Prestonsburg.

Authorized _____
 Signature: _____ Title: _____ Date: _____
 Amount of payment enclosed: \$ _____ Check #: _____

IF PAYING BY CREDIT CARD, COMPLETE BELOW.						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		CREDIT CARD NUMBER	AMOUNT	SEC CODE
				EXP DATE	PRINTED NAME	
				SIGNATURE	ZIP CODE	