

**CITY OF PADUCAH
FINANCE DEPARTMENT
P O BOX 9001241
LOUISVILLE KY 40290-1241
270-444-8595
revenue@paducahky.gov**

REGISTRATION APPLICATION FOR BUSINESS LICENSE

1. Full legal name of individual, corporation or partnership applying for this license:

2. Trade name or DBA (if different from line 1)

3. Mailing address for tax forms and correspondence

4. Primary business address

Street Address:	Street Address: (Do not enter a P.O. Box)
City, State, Zip Code	City, State, Zip Code
Email Address (<i>required</i>)	Email Address
Phone (<i>required</i>)	Phone

5. Check your federal business entity type:

Sole Proprietor/Individual
Will submit Schedule C or E of Federal Form 1040

Corporation:
Will submit Federal Form 1120

Partnership:
Will submit Federal Form 1065 and its Schedule K

S-Corp:
Will submit Federal Form 1120S and its Schedule K

Exempt/Non-Profit Organization
Will submit 501(c)(3) with registration and Form 990 for renewals

6. If you are an individual/Sole Proprietor, enter your Social Security Number: _____ - _____ - _____

7. If you are a Partnership, Corporation, S-Corp, or Non-Profit, enter your Federal Tax ID Number: _____ - _____

8. Accounting Period per Federal Return: Calendar Year or Fiscal Year End Date: _____

9. Do you have W-2 Employees working In Paducah? Yes No
If yes, when is the first quarter you will report payroll? _____

10. Do you have 1099 employees working in Paducah? Yes No
****Please Note: All 1099 employees are required to obtain their own business license.****

11. Do you lease the property where the business is located? Yes No
If yes, what is the name of the real estate owner?

12. Description of business activity: _____

13. Start date in City of Paducah: _____

If applying for a One-Time Contract Amount License, enter the gross Contract Amount: \$ _____

Additional Documentation Requirements:

Please attach the photo identification of the owner or an officer of the business.

Attach copy of health inspection if your business is a:

- Bakery
- Restaurant/Catering Service
- Food Truck (also attach Fire Inspection)
- Tattoo Shop/Artist

Attach copy of your background check if you are a:

- Taxicab Driver

Attach copy of \$1,000 surety bond from your insurance company if your business is a:

- Peddler
- Solicitor
- Distributor

Attach a list of property addresses and indicate if they are short or long term rentals if your business is a:

- Real Property Lessor

I understand this license is an annual renewal due by April 15th each year or 4½ months after my business's fiscal year end. If applying for a contract amount license, I understand I will pay the tax up front based on the gross contract amount of my job and renewal will not be required. I agree and affirm that the above-referenced business is fully in compliance and satisfaction of and will remain in full compliance and satisfaction of all obligations and duties as prescribed under the City of Paducah's Code of Ordinances, as well as all State and Federal laws which regulate or restrict the use and enjoyment of the business' premises and/or operation.

Print Applicant Name

Title

Applicant Signature

Date

OFFICE USE ONLY

Certificate of Occupancy

Approved By: _____ Date: _____

Zoning

Approved By: _____ Date: _____

License Classification: _____ Fee: _____