

## Application for City of Frankfort Business License

**Instructions:**

1. Complete application in full and submit with **\$60.00 Application Fee**.
2. If located within the City limits, attach the applicable Home Office or Commercial Questionnaire.
3. File quarterly withholding returns and annual Net Profit Returns. The rate for each is 1.95%.
4. Non Profit organizations are not required to pay the \$60.00 application fee, but must file quarterly withholding tax returns.

**All questions must be answered completely. Please type or print.**

1. Business Name or Applicant's Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Facsimile (\_\_\_\_) \_\_\_\_\_
2. Business Address \_\_\_\_\_ Ste # \_\_\_\_\_  
Street City State Zip Code
3. Mailing Address \_\_\_\_\_  
Street City State Zip Code
4. Address where work will be performed \_\_\_\_\_
5. Are you taking over an existing business?  Yes  No If yes, what is the current name? \_\_\_\_\_
6. Have you held a City of Frankfort license before?  Yes  No If yes, under what name? \_\_\_\_\_
7. Federal ID \_\_\_\_\_ Social Security # \_\_\_\_\_ Driver's Lic # \_\_\_\_\_
8. Email Address \_\_\_\_\_
9. Type of Business \_\_\_\_\_
10. Date Work is to begin in the City of Frankfort \_\_\_\_\_
11. Will you have Employees? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes How Many? \_\_\_\_\_
12. What type of tax year do you operate? Calendar (Jan. 1<sup>st</sup>-Dec.31<sup>st</sup>) \_\_\_\_\_  
Fiscal Year \_\_\_\_\_ Give Dates \_\_\_\_\_
13. Check Ownership Type: \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation  
\_\_\_\_\_ Non Profit \_\_\_\_\_ Other \_\_\_\_\_
14. Name of Owners \_\_\_\_\_ Phone No (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ Phone No (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ Phone No (\_\_\_\_) \_\_\_\_\_
15. If a Corporation, list officers \_\_\_\_\_ Phone No (\_\_\_\_) \_\_\_\_\_  
and Titles: (or Partnership) \_\_\_\_\_ Phone No (\_\_\_\_) \_\_\_\_\_
16. Contact Person for Tax Info. \_\_\_\_\_ Phone No (\_\_\_\_) \_\_\_\_\_
17. \_\_\_\_\_  
Signature of Applicant Title Date

Make Check Payable To: City of Frankfort, License Fee Division	Fax No. (502) 875-8502
Mail Application and Check to: City of Frankfort License Fee Division P.O. Box 697 Frankfort, KY 40602	If you have any questions please call (502) 875-8504 Business Hours: Monday – Friday, 8:00 a.m. – 4:30 p.m.

**FOR OFFICIAL USE ONLY**

Account # _____	License # _____ Date _____
Fee _____	Ent. Type _____
Number of Employees _____	Fiscal Year End _____