

APPLICATION
TO THE CITY OF PARIS, KENTUCKY FOR
AN OCCUPATIONAL LICENSE

RECEIPT NUMBER DATE ACCOUNT NUMBER

Every business or individual subject to the Occupational License Fee is required to complete this application and return it with the total amount due to the City Clerk's Office.

Make Check Payable to City of Paris
Mail to: City of Paris
Occupational License Dept.
525 High St.
Paris, KY 40361

1. NAME

INDIVIDUAL PARTNERSHIP - CORPORATION (Date Organized) State OTHER:

2. TRADE NAME (IF DIFFERENT FROM THAT GIVEN ABOVE)

3. ADDRESSES (Please complete all addresses applicable - indicate zip code and telephone number)

Indicate which address is to be used for mailing purposes by check mark

Principal Business Location Paris Location MAILING ADDRESS (if different from above) Telephone No.

4. ACCOUNTING PERIOD Calendar Year Fiscal Year MONTH DAY

TAX IDENTIFICATION NUMBER :

6. NATURE OF BUSINESS (Please describe your business and its operation, including where and how sales, services or other activities take place.)

7. DATE OPERATION TO START MONTH DAY YEAR

8. DO YOU HAVE OR WILL YOU HAVE EMPLOYEES WORKING IN PARIS YES NO Date employment in these areas was first given or will be given MONTH DAY YEAR

9. DO YOU HAVE OR WILL YOU HAVE SALES OR PERFORM SERVICES IN PARIS YES NO

10. MINIMUM LICENSE FEE \$ 75.00

I hereby certify that all information and statements herein are true and correct.

Signature Date:

The City Manager hereby conditionally approves an Occupational License for the above applicant. The license may be revoked at any time if applicant fails to maintain premises in accordance with Ordinance 2010-4 adopted 9th day of March 2010.

CITY MANAGER DATE