



**CITY OF OAK GROVE**  
**P.O. BOX 250**  
**OAK GROVE, KY 42262**  
**Phone (270) 439-4646**  
**Fax (270) 439-1201**

OFFICIAL USE:
License # _____
Invoice # _____

**APPLICATION FOR OCCUPATIONAL BUSINESS LICENSE  
 ORDINANCE #2008-05**

APPLICANT INFORMATION

NAME OF APPLICANT \_\_\_\_\_

TRADE NAME OR DBA \_\_\_\_\_

Mailing Address:

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email Address \_\_\_\_\_

Oak Grove Location (If Applicable) \_\_\_\_\_

CHECK TYPE OF OWNERSHIP     Corporation     Sole Proprietor     Partnership     LLC

CORPORATION INFORMATION

If applicant is a corporation, please list corporate name exactly as it appears on your state and federal income tax return.

Corporate Name \_\_\_\_\_ Date of Incorporation \_\_\_\_\_

OWNER(S) OF BUSINESS

If an individual, give name, date of birth, residence address, and social security number; if a partnership, give this information for each partner, if a corporation, give the same information for the President, Vice President, Secretary and Treasurer.

Name	Date of Birth	Social Security #

List duly authorized representative of the business who is responsible for operating and managing the business in the City;

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ SS. # \_\_\_\_\_ Title \_\_\_\_\_

Residence Address \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Night Emergency # \_\_\_\_\_

ACCOUNTING PERIOD

\_\_\_\_\_ Calendar Year \_\_\_\_\_ Fiscal Year \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ (please specify beginning of year)

IDENTIFICATION NUMBERS

Enter any of the following identification numbers which apply to your company:

FEDERAL EMPLOYER I.D. NUMBER (The number used to file Federal Income Tax) \_\_\_\_\_

KENTUCKY STATE LICENSE # \_\_\_\_\_

Is the applicant the owner of the premises Yes \_\_\_\_\_ NO \_\_\_\_\_ If the answer is no, give:

NAME (Premises Owner) \_\_\_\_\_ Address \_\_\_\_\_

PHONE # \_\_\_\_\_

OCCUPATIONAL (PAYROLL) LICENSE FEE

A.) Will you have employees working in Oak Grove? YES \_\_\_\_\_ # Of Employees NO \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

The City of Oak Grove has an occupational license fee of 1.5% of the gross wages paid to employees while they are working within the city limits. It is the responsibility of the business owner to withhold these fees and submit them to the City of Oak Grove on a quarterly basis. Forms will be provided. If you wish to have the withholding forms sent to an address other than that listed in Item No. 1, please indicate below:

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

9. DATES OF BUSINESS ACTIVITY

A.) Date Business Activity began or will begin in Oak Grove: \_\_\_\_\_

B.) Is Business in Oak Grove to be: \_\_\_\_\_ Permanent \_\_\_\_\_ Temporary

If temporary, give approximate dates of activity in City: \_\_\_\_\_ to \_\_\_\_\_

10. TYPE OF BUSINESS ACTIVITY

A. Check appropriate business classification:

- |   |                                  |
|---|----------------------------------|
| _____ Agriculture                       | _____ Wholesale Trade            |
| _____ Retail Trade                      | _____ Insurance & Real Estate    |
| _____ Manufacturing                     | _____ Services                   |
| _____ Transportation & Public Utilities | _____ Construction*              |
| _____ Contractors*                      | _____ Sub-contractors*           |
| _____ Independent Contractors*          | _____ Motel** _____ Restaurant** |

\*SEE ITEM C

\*\*MOTELS HAVE A 4% TRANSIENT ROOM TAX; RESTAURANTS MUST COLLECT 3% ON ALL PREPARED FOODS.

B. Give brief description of primary business activity:

NAME	ADDRESS	PHONE

Each business shall provide the City of Oak Grove a comprehensive list of all vendors with whom it conducts business within the City. This list shall be updated when the business provides the City with a tax return; as required by Section VI of Ordinance 2008-05.

Name:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Telephone: \_\_\_\_\_

11. AMOUNT OF LICENSE FEE

**The minimum license fee due with this application is \$100.00 Retail / \$100.00 Professional/ \$100.00 Wholesale**

**DENIAL TO DELINQUENT TAXPAYERS**

***NO LICENSE WILL BE ISSUED TO ANY BUSINESS OR BUSINESS OWNER WHICH OWES THE CITY OF OAK GROVE ANY DELINQUENT REAL ESTATE OR TANGIBLE TAXES, ANY OCCUPATIONAL OR PAYROLL WITHHOLDING LICENSE FEES, ANY OTHER FEES, TAXES OR ASSESSMENTS OF ANY KIND.***

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

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Official Title \_\_\_\_\_  
(Owner, Partner, Member, Treasurer, Agents, Etc.)

-----FOR OFFICIAL USE-----

*I, certify that the above named individual/ business does not owe the City of Oak Grove any delinquent real estate or tangible taxes or any occupational or payroll withholding license fee or any other fee, taxes or assessments of any kind.*

\_\_\_\_\_  
Utilities Director

\_\_\_\_\_  
Property Tax Clerk

\_\_\_\_\_  
City Clerk

\_\_\_\_\_  
Finance Director

**13. OAK GROVE BUSINESS LOCATION APPROVAL**

Since your business will be located in Oak Grove, your business location must be inspected and approved by the following city departments. No license can be issued to you until your location has been approved.

X \_\_\_\_\_  
Planning & Zoning (270) 439-5979

X \_\_\_\_\_  
Building Inspector (270) 439-4646