



CITY OF OAK GROVE

SEXUALLY ORIENTED BUSINESS LICENSE TAX RENEWAL

ORDINANCE # 2008-05

Name of Business _____

Check If Final Return

Mailing Address: _____

City: _____ State: _____ Zip: _____

SSN/FEIN: _____ Phone: _____ Contact Name: _____

Business Address: _____

Current Number of Employees: Fulltime: _____ Part-time: _____

PREPARER'S NAME

PREPARER'S PHONE NUMBER

WORKSHEET FOR REPORTING GROSS RECEIPTS

1. Total gross receipts for the year: \$ _____
2. Total Beer and /or Liquor sales for the above year: \$ _____
3. Total taxes paid on gasoline sales for the above year: \$ _____
4. Subtract lines 2 and 3 from line 1. Enter the results here: \$ _____
5. **WHOLESALE:** Multiply line 4 by .06% (.0006) Enter result here: \$ _____
- RETAIL:** Multiply line 4 by .15% (.0015) Enter result here: \$ _____
- PROFESSIONAL:** Multiply line 4 by .38% (.0038) Enter result here: \$ _____
6. The **MINIMUM FEE** for this license is: **\$1000.00**
7. Enter the **GREATER** amount of line 5 or line 6 here: \$ _____
8. **PENALTY** (*5% of line 7) (\$25 Minimum) \$ _____
9. **INTEREST** (**12% per year, or 1% per month) \$ _____
10. Total license fee paid (Lines 7, 8, and 9) \$ _____

DISCLAIMER: Please be advised that the above Worksheet for Reporting Gross Receipts is a guideline to assist in the calculation of yearly tax payments. If any of the above calculations are underestimated, license fees will be underpaid and a late payment ***PENALTY OF 5% PER MONTH (NOT TO EXCEED TWENTY-FIVE 25% OF THE TOTAL TAX DUE; HOWEVER, THE PENALTY SHALL NOT BE LESS THAN TWENTY-FIVE DOLLARS \$25 and **INTEREST OF 12% PER YEAR, OR 1% PER MONTH WILL BE ASSESSED AGAINST ANY LICENSE FEE BALANCE UNPAID BY THE DUE DATE.**

INSTRUCTIONS

- Enter the legal name and mailing address of the licensee.
- Please check if Final Return.
- Enter the licensee’s Federal Identification number and telephone number.
- Enter the Business Address in Oak Grove.
- Current number of Fulltime/Part-time Employees
- Enter the name and phone number of the preparer, or the person to be contacted if additional information is required.
- Enter the licensee’s fiscal year end.
- A copy of Federal Form 1040, Schedule “C” or Kentucky Form 741, 765 or 720 as applicable, or a copy of the business’s state sales tax returns for the appropriate year.
- List the names and address of all owners who have at least 20 percent interest in this business:

Name: _____ Soc Sec #: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ FAX: _____

Name: _____ Soc Sec #: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ FAX: _____

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.

- List the names and address of all vender with whom business is conducted within the City:

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____ Telephone: _____

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____ Telephone: _____

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____ Telephone: _____

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____ Telephone: _____

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Address: _____

City: _____ State: _____ ZIP: _____ Telephone: _____

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____ Telephone: _____

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____ Telephone: _____

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____ Telephone: _____

SCHEDULE FOR OCCUPATIONAL LICENSE TAX PAYMENTS

<u>FISCAL YEARS ENDING</u>	<u>LICENSE FEE PAYMENTS DUE</u>	<u>FISCAL YEARS ENDING</u>	<u>LICENSE FEE PAYMENTS DUE</u>
DEC. 31	APR. 15	JUNE. 30	OCT. 15
JAN. 31	MAY. 15	JULY. 31	NOV. 15
FEB. 28	JUNE. 15	AUG. 31	DEC. 15
MAR. 31	JULY. 15	SEPT. 30	JAN. 15
APR. 30	AUG. 15	OCT. 31	FEB. 15
MAY. 31	SEPT. 15	NOV. 30	MAR. 15

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 CERTIFY THAT THE INFORMATION SUBMITTED ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature

Title

Date

Printed Name

OFFICIAL USE:

License # _____

Invoice # _____

Date: _____