



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

OFFICIAL USE:
License # _____
Invoice # _____
Date _____

APPLICATION FOR OCCUPATIONAL BUSINESS LICENSE
ORDINANCE #2008-05

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 forms.

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 (January thru December)

Fiscal Year ____/____ to ____/____ (please specify beginning of fiscal 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, provide the following:

NAME (Premises Owner) _____ Address _____

PHONE # _____

OCCUPATIONAL (PAYROLL) LICENSE FEE

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

If YES to Employees Please provide us with:

NAME _____ ADDRESS _____ NAME _____ ADDRESS _____

NAME _____ ADDRESS _____ NAME _____ ADDRESS _____

NAME _____ ADDRESS _____ NAME _____ ADDRESS _____

Attach additional sheet if more employees than above.

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 monthly or quarterly basis. Forms will be provided and can be found at www.oakgroveky.org. 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

Give brief description of primary business activity:



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 within Oak Grove city limits, 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

- ❖ Make checks payable to City of Oak Grove.
 - ❖ Send payments to P.O. Box 250 Oak Grove, KY 42262.
- If you want to overnight a check or send through UPS or FedEx then our physical address is 8505 Pembroke Oak Grove Rd Oak Grove, KY 42262.