

CITY OF HODGENVILLE
BUSINESS LICENSE APPLICATION

NAME OF BUSINESS: _____

OWNER/OWNERS: _____

BUSINESS ADDRESS: _____

City _____ State _____ Zip _____

MAILING ADDRESS: _____

City _____ State _____ Zip _____

(If different from above)

TELEPHONE NUMBER: _____

NATURE OF BUSINESS: _____

NUMBER OF EMPLOYEES: _____ FEIN: _____

*EMAIL ADDRESS: _____

*Amount Enclosed: \$ 50.⁰⁰ (Amount due is based on type of business and will remain the same as the previous year. Please contact City Hall for questions regarding fee amount.)

In reference to ordinance #2004, Article I, Section 10, business license fee for any business is established in accordance with the type of business. An annual Net Profits return will be mailed each year for your business to file with the City of Hodgenville. **If you have employees, there is a .75% withholding requirement on gross wages earned in the City of Hodgenville.** Quarterly payroll returns are mailed with your business license packet and are to be filled out/ turned in each quarter.

The City of Hodgenville should be notified in writing of any changes in the nature of the business, ownership or management, address or termination of business.

By my signature below, I certify that the information provided herein is true and accurate to the best of my knowledge. I hereby affirm that I will determine and comply with all applicable requirements of the Zoning Regulations for the City of Hodgenville.

Signature of Applicant

Date

**Remit to: City of Hodgenville
Attn: City Clerk, Treasurer
200 South Lincoln Blvd.
Hodgenville, KY 42748**

Phone: 270.358.3832
Fax: 270.358.9757