

City of Adairville Occupational/Net Profit License

City of Adairville

110 North Main Street, P.O. Box 185

Adairville, KY 42202

Phone: 270-539-6731 Fax: 270-539-5503

Email: sharonh@adairvilleky.com

Name of Business: \_\_\_\_\_

Physical Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

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

Description of Business: \_\_\_\_\_

Business Entity: Individual Partnership Corporation LLC Other: \_\_\_\_\_

Federal I.D. Number or SSN: \_\_\_\_\_

Approximate date business or job will start/started in Adairville: \_\_\_\_\_

Accounting period per federal return: \_\_\_ Calendar year or \_\_\_ Fiscal year end date: \_\_\_\_\_  
(Check calendar year if you file taxes by April 15<sup>th</sup>)

Will you have employees working in Adairville? \_\_\_ Yes \_\_\_ No

If yes, when do you want to file/pay payroll tax returns? \_\_\_ Monthly \_\_\_ Quarterly

\*\*Copies of W2's must be submitted to the city by February 28<sup>th</sup> following each calendar year along with an Annual Reconciliation form, which is mailed out in December.

The cost of the business license is \$50.00. Expiration date will be December 31<sup>st</sup>.

Signature of Applicant: \_\_\_\_\_

Printed name of Applicant: \_\_\_\_\_

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