



**City of Harrodsburg
License Fee Administration**

208 South Main Street
Harrodsburg, KY 40330
Phone: (859) 734-2225 Ext. 110
Fax: (859) 734-2876

Occupational Taxes and Business License

Every person and business entity engaged in any trade, occupation, any forms of real estate and rental property, or other activity for profit or gain shall purchase a Business License. A note to all general contractors, all sub-contractors are licensed individually and each must register and purchase the license.

1. TRADE NAME: _____

2. NAME(S): _____

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> INDIVIDUAL | <input type="checkbox"/> LLC (Corp.) | <input type="checkbox"/> LLC (Sole Proprietor) |
| <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> SOLE PROPRIETOR | <input type="checkbox"/> LLC (Partnership) |
| <input type="checkbox"/> CORPORATION | <input type="checkbox"/> REAL ESTATE | |

3. BUSINESS DESCRIPTION: _____

4. MAILING ADDRESS: _____

*This is the only address to be used; ALL forms must be forwarded to your tax preparer.

5. PHONE NUMBER: _____ FAX NUMBER: _____

6. FEDERAL TAX ID NUMBER/SOCIAL SECURITY NUMBER: _____

7. IS THERE A WORK SITE OR LOCATION IN THE CITY OF HARRODSBURG? _____ WHERE _____

8. IF YOU HAVE RENTAL PROPERTY OR REAL ESTATE, PLEASE ATTACH A LIST OF PROPERTY LOCATIONS.

9. DO YOU OR WILL YOU HAVE EMPLOYEES WORKING IN HARRODSBURG? _____

THE LOCAL TAX IS 1% FOR PAYROLL AND 1% FOR NET PROFIT

Please note: The Business License (\$25) will no longer be a credit to any Net Profit that may be owed.

BUSINESS LICENSE \$25 _____ UNLOADING LICENSE \$75 _____ SPECIAL EVENT LICENSE \$ _____

• **PENALTIES: FIVE PERCENT (5%) OF THE TAX DUE EACH MONTH IF NOT PAID BY THE DUE DATE NOT TO EXCEED TWENTY-FIVE PERCENT (25%) OF THE TAX DUE HOWEVER IT SHALL NOT BE LESS THAN TWENTY-FIVE DOLLARS (\$25). A FRACTION OF A MONTH IS CONSIDERED AN ENTIRE MONTH.**

• **INTEREST: IN ADDITION TO THE PENALTY AN AMOUNT OF TWELVE PERCENT (12%) PER ANNUM SIMPLE INTEREST TO THE TAX DUE/ A FRACTION OF A MONTH IS CONSIDERED AS AN ENTIRE MONTH.**

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS HERE IN ARE TRUE AND CORRECT:

NAME: _____ DATE: _____

TITLE: _____