



**Location/Zoning Information**

Will a business office be physically located in Elkton? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, Zoning Administrator Must Complete Below Before Approved

Physical Address: _____	Zoned: _____
_____	_____
Zoning Administrator Signature	Date

**Owner Information**

For 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	D.O.B.	S.S.N.
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Residence Address	City	State	Zip Code
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Name	D.O.B.	S.S.N.
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Residence Address	City	State	Zip Code
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Residence Address	City	State	Zip Code
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**Business License Fee**

New Business License Fee due from attached scale.....\$\_\_\_\_\_

I, the undersigned, certify that the information contained herein or attached hereto is true and correct. Also, I am aware that the City of Elkton has a 2.0% tax on gross salaries, wages, commissions and other compensations for work done or services rendered in the city and am aware of the obligation as an employer to withhold this tax from all employees, officers and agents of the business and remit payments to the city on a quarterly basis. Also, I am aware that an Occupational License Tax Return must be filed annually, based upon 0.125% of gross receipts and sales rendered in the city. Furthermore, I declare that I am authorized to execute this document on behalf of the business making application to the city.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

## New Business License Fee Scale

If application is submitted in the following month, the fee for a new business for the remainder of the calendar year is as follows:

January		\$ 62.50
February		\$ 57.29
March		\$ 52.08
April		\$ 46.87
May		\$ 41.66
June		\$ 36.40
July		\$ 31.24
August		\$ 26.03
September		\$ 25.00
October		\$ 25.00
November		\$ 25.00
December		\$ 25.00