

Application for New Business License

Name/Business Name: _____

Local Site Address or Job Site: _____

Mailing Address: _____

Local Business Phone _____ Local Business Fax: _____

Description of Business: _____

Local Contact Name: _____ Title: _____

Email Address: _____

Check Entity Type: () Individual () Partnership () Corporation
 () Limited Liability Company () Limited Liability Partnership
 () Non-Profit () Other _____

Type of Business: Residential Retail Service Non-Profit Vendor
 Contractor (building/general) Sub-Contractor

(If construction, the occupational license department requires the contractor to supply a complete list of subcontractors, containing name, address & phone number. Occupational license may be delayed if this isn't supplied. We have a preprinted form for your convenience).

Date Business will begin/began in Elkton: _____

If applicable, date business/job will end (approximately): _____

Will you have employees working in Elkton? () yes () no

If yes, the city imposes a 2.0% tax on gross payroll earned in the city by officers and employees. Payroll information and payment must be submitted quarterly.

INFORMATION ABOVE IS AVAILABLE TO THE PUBLIC. INFORMATION BELOW IS CONFIDENTIAL.

Payroll taxes will be paid to the City of Elkton: Quarterly or Annually

Federal I.D. Number: _____ or SS Number: _____

Accounting Period for Federal Return:

Calendar Year or Fiscal Year Ending _____

Home Office Name and Address (if different from above)

_____ Phone Number: _____

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.	_____
_____ Residence Address	_____ City	_____ State	_____ Zip Code

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_____ Name	_____ D.O.B.	_____ S.S.N.	_____
_____ Residence Address	_____ City	_____ State	_____ Zip Code

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

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