



City of Elkton, Kentucky
PO Box 578 • 71 Public Square
Elkton, Kentucky 42220
Ph: 270-265-9877 • Fax: 270-265-5816 • E-mail: cityhall@elktonky.com • www.elktonky.com

Application for New Business License

Name/Business Name:			
DBA (if applicable):			
Business Address or Job Site Address:			
Mailing Address (if different):			
Business Phone:	Business	Fax:	
Description of Business:			
Local Contact Name:		Title:	
Email Address:			
Date Business will begin/began in Elkton:			
Will you have employees working in Elkto	on? Yes N	No Number of Er	nployees:
If yes, the city imposes a 2.0% occupation employees. If the city should mail quarter than stated above, please list mailing addr	ly occupational tax	on gross wages for	rms to a different address
Check Entity Type: Individual Part Limited Liability Company filing as: Non-Profit (Attach IRS acknowledgement)	Individual	Partnership	Corporation
Will you have contract or 1099 labor in Ell-	kton?] No	
If yes, please advise all contractors to a have a license in the city of Elkton. Or,			
INFORMATION ABOVE IS AVAILAB	SLE TO THE PU	BLIC. INFORM	IATION BELOW IS
CONFIDENTIAL.			
Federal I.D. Number:	or Soc. S	ec. Number:	
Accounting Period for Federal Return:			
	al Year: Fiscal Ye	ear Ending Date:	
		<i>C</i> –	
OWNER/PARTNER/OFFICER INFOR	MATION:		
For an individual, give name, date of birth, partnership, give this information for each President, Vice President, Secretary and Tr	partner. If a corpo		-
Name	D.O.B.	S.S.N.	
Residence Address	City	State	Zip Code

Name		.O.B.	S.S.N.		
Residence Address		ity	State	Zip Code	
Name		.O.B.	S.S.N.		
Residence Address		ity	State	Zip Code	
LOCATION/ZONING	SINFORMATION:				
Will this business be ph	ysically located in Elkt	on? Yes [☐ No		
f yes, list the physical a	address:				
**If Yes, Zoning Admin	istrator Must Complete	Review Below	Before Busine.	ss License is Approved	
Zoning Administrator Si		Date			
New Business License I License fee may be pro- using the month and fee	rated based on the mon				
January - \$62.50	February - \$57.29	March - \$		April - \$46.87	
May - \$41.66 September - \$25.00	June - \$36.40 October - \$25.00	July - \$31 November		August - \$26.03 December - \$25.00	
I, the undersigned, cercorrect. Also, I am awcommissions and other aware of the obligation agents of the business that an Occupational lof gross receipts and sexecute this document	rare that the City of E r compensations for we n as an employer to wi and remit payments to License Tax Return nales rendered in the ci	lkton has a 2.0 cork done or so ithhold this tas o the city on a nust be filed anty. Furthermo	0% tax on groservices rendered as from all emp quarterly basinnually, with fore, I declare t	es salaries, wages, ed in the city and am loyees, officers and is. Also, I am aware ee based upon 0.125° that I am authorized	
SIGNATURE OF API	PLICANT		DATE		
PRINTED NAME			TITLE		