

www.cityofcavecity.com  
Phone: (270)773-2188  
Fax: (270)773-4522

**City of Cave City, Kentucky**  
**Application for Business License**  
PO Box 567  
Cave City, KY 42127-0567

New \_\_\_ Renewal \_\_\_

**Business Name:** \_\_\_\_\_ **Local Site Phone#:** \_\_\_\_\_  
(dba name) \_\_\_\_\_

**Local Address:** \_\_\_\_\_ **Description of Business:** \_\_\_\_\_

**Start Date in Cave City:** \_\_\_\_\_

**Will you have employees working in Cave City?** ( ) No ( ) Yes **Approx. # of Employees** \_\_\_\_\_  
\*\*Note that contract labor must be licensed individually\*\*

**\*\*Certificate of Liability Insurance Required for All Contractors\*\***

**COST OF LICENSES:**

**One Business \$100.00    Second Business additional \$50.00    Three or more maximum \$200.00**

**Mailing Address** (if different from above)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ **Phone:** \_\_\_\_\_  
\_\_\_\_\_ **Fax:** \_\_\_\_\_  
\_\_\_\_\_ **Cell:** \_\_\_\_\_

\*\*I am aware of the following Occupational Licensing requirements: \*\*

\_\_\_ 2% Occupational tax on Gross Payrolls which I am obligated, as employer, to withhold and remit to the City of Cave City on a quarterly basis.

\_\_\_ A Net Profit License Fee Return must be filed annually, based on 1% of the business profits or \$100.00 whichever is greater. I understand that this return must be completed regardless of profit earned.

\*\*\*

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

\_\_\_\_\_  
**DATE**

**INFORMATION BELOW IS NOT AVAILABLE TO PUBLIC**

**Accounting Period per Federal Return:** \_\_\_\_\_ **Calendar Year** \_\_\_\_\_ **Fiscal Year End Date** \_\_\_\_\_

**Federal I.D. Number:** \_\_\_\_\_  
(If applicable)

**Social Security Number:** \_\_\_\_\_

**Federal Id# or Social Security# is Required**

**OWNER/CONTACT INFORMATION**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

<b>OFFICAL USE ONLY</b>		
Paid: \$ _____	Check _____	Cash _____
M.O. _____	Credit Card _____	
Clerks Initials: _____	Date Received _____	License # _____