

www.cavecity.ky.gov
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****

_____ RESTAURANT _____ MOTEL

****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:** _____

OFFICIAL USE ONLY

Paid: \$ _____ Check _____ Cash _____ M.O. _____ Credit Card _____

Clerks Initials: _____ Date Received _____ License # _____