



CITY OF DANVILLE, KY

BUSINESS REGISTRATION APPLICATION INSTRUCTIONS

- 1. PERSONS REQUIRED TO FILE APPLICATION:** Every person and business entity engaged in any trade, occupation, or profession, or other activity for profit, or anyone required to file a return under Chapter 16 of the Code of Ordinances in the City of Danville, unless exempt by the specific terms of Chapter 16, shall be required to apply for and obtain an occupational license from the City of Danville, through the Office of the Director of Codes & Financial Enforcement, on forms provided by the City or its designee before the applicant shall be authorized to do business, before the commencement of business, or in the event of a change of business status.
- 2. PAYMENT OF REGISTRATION FEE:** A one time Occupational License Registration fee of \$25.00 will be made at time of application payable to the City of Danville. A business changing the name of the business shall notify the Director of Codes & Financial Enforcement Office of the name change, but will not be required to pay a new license registration fee. (Each person shall be required to complete a separate application and pay the twenty-five (\$25) dollar registration fee for each separate business before the commencement of business or the event of a status change, other than change of address). Mail completed application to: *Director of Codes & Financial Enforcement, P. O. Box 670, Danville, KY 40423-0670* or visit City Hall, 445 W. Main St., Danville, KY 40422. If you have any questions, phone (859) 238-1200.
- 3. PENALTY FOR NOT FILING APPLICATION:** It shall be unlawful for any person to engage in any occupation, trade, profession or other activity in the city without first having applied for and paid the occupational license registration fee herein required. If the occupational license registration fee is not paid prior to engaging in any business or activity, a penalty of twenty-five dollars (\$25.00) shall be imposed in addition to any other penalties provided by Chapter 16 for the period during which any unlawful business or activity occurred.
- 4. AFFIDAVIT:** Every application must be under oath and executed by same person having personal knowledge of the business and information required.
- 5. APPLICATION OF EMPLOYEE WITHHOLDING AND NET PROFIT LICENSE FEES:**

 - A. *A license fee at the rate of 1.25% applies to:*
All wages and compensation paid or payable in the city for work done or services performed or rendered in the city by every resident and nonresident who is an employee – referred to as Occupational License Tax.
 - B. *A license fee at the rate of 1% applies to:*
Income from the operation of a business or enterprise after providing for all costs and expenses incurred in the conduct thereof – referred to as a City Net Profit License Fee Return.

City of

CONFIDENTIAL

DANVILLE

445 West Main Street
Attn: Director of Codes
P. O. Box 670
Danville, KY 40423-0670
Phone: (859) 238-1200
Fax: (859) 238-1236

KENTUCKY

APPLICATION FOR CITY OF DANVILLE ACCOUNT

- Form 551
- Account #

1. Name: _____

2. Doing business as: _____

3. Business location (street address): _____ E-Mail: _____

4. Mailing address (if different): _____

5. Telephone Numbers: _____
Business Fax Home Cell

6. Ownership: Sole Proprietor Partnership S-Corporation Corporation
(check one) LLC/Sole Proprietor LLC/Partnership LLC/S-Corporation Non-Profit

7. Name and home address of owner(s), partners, or if a corporation, list officers and titles:

8. Social Security No.: _____ and/or Federal ID No.: _____

9. Nature or description of business: _____

10. Date started in Danville: _____

11. Employees? No Yes
 Subcontractors *(please complete "Form 600")*

12. Is business location properly zoned? Yes No
 Phone: 859-238-1235 If "No" contact Danville/Boyle Planning Zoning

13. Has a Certificate of Occupancy been obtained? Yes No
 Phone: 859-238-1107 If "No" contact the Boyle Co. Building Inspector

14. Accounting period per Federal Return: (January-December) --or-- _____
 Calendar Year Fiscal Year (Month/Day)

15. Do you file your Federal Income Tax Return under a parent Company? Yes No
 If "yes," list the name of the Company and Federal ID number: _____

16. Signature of Applicant

According to an opinion (OAG 85-1) of the Kentucky Attorney General, the responses that you make to questions 1, 2, 3, and 9 (description of business) are to be provided to anyone upon request, pursuant to the Kentucky "Open Records Law".

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17. Do you or have you had other business entities in Boyle County Yes No

If "yes," list:

IF FORMS ARE PROCESSED BY SOMEONE OTHER THAN YOURSELF,
please enter below the name, address, and phone number(s) for each contact person.
Also, please note if any are accountant/CPA firms or tax services.

18. Payroll Contact Person (name):	Phone:
Mailing Address:	Fax:
	E-Mail:
19. Business License Contact Person (name):	Phone:
Mailing Address:	Fax:
	E-Mail:
20. Net Profits Return Contact Person (name):	Phone:
Mailing Address:	Fax:
	E-Mail:

City of

ATTN: Communications Director

DANVILLE

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KENTUCKY

APPLICATION FOR CITY OF DANVILLE ACCOUNT

- **Form 551**
- **Account #**

1. **Name:**

2. **Doing business as:**

3. **Business location (street address):**

EMERGENCY CONTACT:

If your business is located within the City of Danville, please provide the following information for Public Safety so you can be contacted in case of an emergency:

Contact:	Phone Number:	Cell Phone Number: