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 this ordinance in the city of Danville, unless exempt by the specific terms of this ordinance, shall be required to apply for and obtain an occupational license from the city of Danville, through the Office of the Director of Codes and 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 and registration fee to: Codes Enforcement, Attn: Business Licensing, P.O. Box 670, Danville, KY 40423 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) may 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 City license fee at the rate of 1.90% 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. The Boyle County rate is 1.25%.

   B. A City license fee at the rate of 1.75% 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 Net Profit License Fee Return. The Boyle County rate is 1.25%.
CITY OF DANVILLE, KY
OCCUPATIONAL LICENSE APPLICATION
445 W. Main St. * P.O. Box 670 * Danville, Kentucky 40423
Phone: (859) 238-1200 Fax: (859) 238-1232
https://www.danvilleky.gov/business/business-licenses

***Incomplete Applications will be returned to the applicant. The appropriate registration fee must accompany application.***

1. Legal Name of Business or Name of Applicant: _____________________________________________
2. Doing Business As or Trade Name: ______________________________________________________
3. Business Address (street address): ______________________________________________________

4. Mailing Address (if different): _________________________________________________________

5. Jobsite Location (if applicable): _______________________________________________________

6. Email Address: ______________________________________________________________________

7. Telephone #: Business __________________ Fax __________________ Cell/Home ________________

8. Nature or description of business: ______________________________________________________________________________________________

9. Date business will begin in Danville: ______________ Will you have employees? ☐ No ☐ Yes

10. Type of Ownership (check one):
☐ Sole Proprietor/Individual ☐ LLC/Sole Proprietor
☐ Partnership ☐ LLC/Partnership
☐ Corporation ☐ LLC/Corporation
☐ S-Corporation ☐ Non-Profit *Must attach IRS acknowledgement of status

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

12. Federal ID #: ______________________ and/or Social Security #: ______________________

13. Accounting period for Federal Return: Calendar Year ☐ or Fiscal Year End Date: __________

14. Do you file your Federal Income Tax Return under a Parent Company? ☐ No ☐ Yes
   If yes, list the name of the Company ____________________________ and the Federal ID #: __________

15. If you are a General Contractor will you use Subcontractors? ☐ No ☐ Yes *Must complete Form SC

16. Do you or have you had any other business entities in Boyle County? ☐ No ☐ Yes
   If yes, list the name(s): __________________________________________________________________

*PLEASE NOTE: Zoning or other permits may be required before you begin business activity. Contact Planning & Zoning at 859-238-1235 and the Building Inspector at 859-238-1107 as needed for determination.

17. 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 8 (description of business) are to be provided to anyone upon request, pursuant to Kentucky “Open Records Law”.
18. *Quarterly Employee Withholding Return Contact Person*
Name: ____________________________________________
Mailing Address: __________________________________
Phone #: ______________________ Fax #: ______________________ Email: ______________________

19. *Net Profit License Fee Return Contact Person*
Name: ____________________________________________
Mailing Address: __________________________________
Phone #: ______________________ Fax #: ______________________ Email: ______________________

20. *Business License Contact Person*
Name: ____________________________________________
Mailing Address: __________________________________
Phone #: ______________________ Fax #: ______________________ Email: ______________________

Enclosed is my check or money order for $____________ made payable to City of Danville.

Mail completed application and registration fee to:
Codes Enforcement, Attn: Business Licensing, P.O. Box 670, Danville, KY 40423
or visit City Hall, 445 W. Main St., Danville, KY 40422.
If you have any questions, phone (859) 238-1200 or email blester@danvilleky.gov

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