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**City of Lawrenceburg**

**Occupational License Application**

**PO BOX 290**

**Lawrenceburg, Kentucky, 40342**

Local Business Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name: Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate/Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address

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 City State Zip

Maximum number of employees (including owner) working in Lawrenceburg-Anderson County on any given day during the licensing period: \_\_\_\_\_\_\_\_\_\_\_

Is your business home based? \_\_\_\_\_\_ Yes No

**This form and payment must be submitted to the City of Lawrenceburg by mail at PO BOX 290, Lawrenceburg, KY, 40342, or in person at 100 North Main St. If you are a NEW business applying after September 1, please contact the office to obtain the pro-rated amount due.**

 Business License Fee Amount

 1 Employee $65.00

 2 – 5 Employees $200.00

 6 – 25 Employees $400.00

 26 – 100 Employees $700.00

 101 or more Employees $1000.00

Interim Business License (Valid for 3 consecutive days-Maximum 2 per year, per recipient) $25.00

Please provide dates of operation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of license fee submitted:

 Signature