www.cityofedmontonky.com
Phone: (270) 432-2811
Fax: (270) 432-3949

City of Edmonton
OCCUPATIONAL LICENSE APPLICATION

PO Box 374 · 207 East Street · Edmonton, KY 42129

Every new business or individual subject to the Occupational License Tax is required to complete this application and return it with $25.00 to the City of Edmonton. Please provide the following information for our records.

Business Name & Mailing Address

Assigned Account # _____

_____
Contact Name

_____
Phone

_____
Fax

_____
Physical Address

_____
City, State & Zip

Is Business a (Check Entity Type):

- ☐ Individual
- ☐ Corporation
- ☐ Partnership
- ☐ Non-Profit
- ☐ Limited Liability Partnership (LLP)
- ☐ Limited Liability Co. (LLC)
- ☐ Exempt
- ☐ Other _____

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

_____ 1.5% Occupational tax on Gross Payrolls which I am obligated, as employer, to withhold and remit to the City of Edmonton on a quarterly basis.

_____ A Net Profit Return must be filed annually, based on 1.5% of the business profits. I understand that this return must be completed regardless of profit earned.

ACCOUNTING PERIOD PER FEDERAL RETURN: Calendar ☐ Fiscal ☐ Year Ending _____/_____
month / day

SOCIAL SECURITY OR FERDERAL TAX ID NUMER _____

NATURE OF BUSINESS _____

DATE BUSINESS OR WORK WILL START IN EDMONTON _____/_____/_____
month / day / year

DO YOU HAVE OR WILL YOU HAVE EMPLOYEES WORKING IN EDMONTON? ☐ YES ☐ NO

IF YES, THE CITY OF EDMONTON PAYROLL TAX MUST BE WITHHELD. _____ APPROX. # OF EMPLOYEES

The undersigned hereby acknowledges that the purchase of an Occupational Business License does not grant the purchaser the right to use any building, parcel of land, or other property or engage in any activity in violation of any code, zoning or other ordinance of the City of Edmonton or other governmental entity.

I hereby certify that all information and statements are true and correct.

_____ _____
Signature Date