

**CITY OF EMINENCE  
P. O. BOX 163  
EMINENCE, KY 40019  
502-845-4159 (PHONE)  
502-845-8066 (FAX)**

**BUSINESS LICENSE APPLICATION**

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

Business Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Federal Tax ID No. \_\_\_\_\_

Mailing Address for Form: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Attention to Whom: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Fax Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail address: \_\_\_\_\_

Will this business have employees? - Yes \_\_\_\_\_ or No \_\_\_\_\_

If yes, Occupational License Fee at a rate of .0075 or 3/4%

Is this business exempt from net profits tax for any reason? \_\_\_\_\_

If so, what is the exemption? \_\_\_\_\_

Net Profits License Fee is at the rate of .0075 or 3/4%  
(Minimum of \$100 & Maximum of \$3000) - Contact for details

Fiscal Year Ending date of business: \_\_\_\_\_

**Business License Fee: \$100.00, or Pro-Rated amount of \$ 75.00, \$50.00 or \$25.00 (Pro-Rated Quarterly)**

If you have any questions please contact: Debbie Moore  
Assistant City Clerk  
debbie@eminenceky.net  
(502) 845-4159

**You can visit our website for other forms at  
[www.eminenceky.gov](http://www.eminenceky.gov)**