



County of Boone & City of Florence
Occupational License/Payroll Tax Application



www.boonecountyky.org

Effective January 2013

www.florence-ky.gov

Instructions: A. Applicants are required to complete this application in full before conducting business... City of Florence Estimated Sales/Receipts During First Year of Business... Total Remittance: G. Estimated Sales/Receipts During First Year of Business \$... H. City of Florence (From Fee Calculation) \$... I. Boone County \$ 25.00... J. Total (All Lines) \$...

- 1. Legal Name of Business or Applicant if Sole Proprietor:
2. Doing Business As or Trade Name (If applicable):
3. Physical Location or Job Site/ Contractor working in the City of Florence, or Boone County (Must list location or various if many):
4. Mailing Address (or Residence if applicable):
5. Business Entity (Select One): Sole Proprietor, Partnership, Corporation, S Corp, LLC - Individual, LLC - Partnership, Non Profit *, PSC (Public Service Corp)
6. Federal Tax Identification Number:
7. If Individual, your year end is 12/31. Corporations, Partnership, or Non Profit must provide Fiscal Year End:
8. Date Business will begin in City of Florence and/or Boone County, KY (MM/DD/YY):
9. Do you or will you use "leased" employees?
10. Describe in DETAIL the nature of the business:
11. Is this business a Sexually Oriented Business as defined by Boone County Ordinance 07-06 and/or City of Florence Ordinance 0-2-07
12. Will alcohol be sold and/or served at this business location?
13. Are you a contractor doing work in Boone County, whose company is located outside of Boone County?
14. If a contractor, are you the General Contractor?

To Be Completed by Tax Agency
Boone A/C
Florence A/C

(Must complete both pages)

Legal Name of Business or Applicant if Sole Proprietor _____

15. Owner(s) or Officers of Business (Attach additional list if necessary):

Name	Address	Phone Number	Title	Date of Birth	Social Security Number

16. Is this business being operated from a residence in Boone County?

Yes (Please complete the **HOME OCCUPATION PERMIT APPLICATION**) No

(The questionnaire is located at www.BooneCountyKy.org or by calling the Planning Commission at 859-334-2196)

17. Contact information for payroll/corporate tax for operation within City of Florence and/or Boone County (Manager, etc.)

Name Address Phone Number Night/Emergency Number E-mail

18. Has any person listed in Item 15 ever had an Occupational License or similar Business License denied, revoked or suspended in the City of Florence, Boone County, or any other City or State? If "Yes" Please explain. (You may attach additional information sheet if needed)

Yes No

19. Has any person listed in Item 15 ever been convicted of a Felony or Misdemeanor? If "Yes" Please explain. (You may attach additional information sheet if needed)

Yes No

Remittance

A. When conducting business in **Boone County** only, remit Boone County fee to:

Boone County Fiscal Court
Occupational License Department
PO Box 960
Burlington, KY 41005
Phone: (859) 334-2144 Fax (859)334-3914

B. When conducting business in **City of Florence (which is a part Boone County)**, remit City of Florence fee **AND** Boone County fee to:

City of Florence Finance Department
8100 Ewing Boulevard
Florence, KY 41042
Phone: (859) 647-5413 Fax: (859) 647-5447

Warning: Statements made in this application are subject to verification and false or misleading statements may be cause for denial of the license applied for or, if granted, revocation thereof upon discovery.

I hereby certify that I am duly authorized to act for the applicant and that the statements contained on this application are true and complete:

Name (Print) Signature Title Date

For Official Use Only – Approvals/Denial

Boone County Planning Commission _____ Date: _____

Boone County Building Inspection: _____ Date: _____

City of Florence Fire Department: _____ Date: _____

Issuance of the License is :

Approved Approved Conditional (Conditions Attached) Denied (Notification to Applicant Attached)

Dated this _____ day of _____ 20____ Authorized By: _____