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|  | City of Dayton, Kentucky  514 Sixth Avenue, Dayton, Kentucky 41074  Phone (859) 491-1600 Fax: (859) 491-3538  Website: www.DaytonKY.com |

Business License Application

\*A Zoning Permit may be required before you begin business activity. Contact Campbell County Planning and Zoning for a determination at (859) 292-3880.

WARNING: Statements in this application shall be made under oath, or by affirmation or by any other legally authorized manner of attesting to the truth of such statement. Any false statements made herein shall be punishable according to law; and may be cause for denial of the application or the revocation of the business license issued pursuant thereto.

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| I. BUSINESS INFORMATION | |
| **Name of Business:** |  |
| **Business Address:** |  |
| **Business Telephone #:** |  |
| **Email Address:** |  |
| **Employer ID #** (EIN or SSN)**:** |  |
| **Business Start Date (in city):** |  |
| **# of Employees:** |  |
| **Contact Person for Taxes/Fees (name and telephone #)** |  |
| **III. BUSINESS OWNER INFORMATION** | |
| **Type of Business:** | [ ] Corporation [ ] LLC [ ] Partnership [ ] Sole Proprietorship |
| **Owner/ Partner/ Corporate President Name, Address, Phone #, DOB, and SSN:** |  |
| **Co-Owner/ Partner/ Corporate Officer Name, Address, Phone # SSN:** |  |
| **Co-Owner/ Partner/ Corporate Officer Name, Address, Phone # SSN:** |  |
| IV. ACKNOWLEDGEMENT & SIGNATURE: | |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned, hereby certify that I am authorized to sign this license application for the above business and persons, and that, I have made full inquiry into the information give above and to the best of my knowledge, the statements contained above are true and correct.  Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **INTERNAL USE ONLY - Received and Processed:** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |