|  |  |
| --- | --- |
|  | City of Dayton, Kentucky514 Sixth Avenue, Dayton, Kentucky 41074Phone (859) 491-1600 Fax: (859) 491-3538Website: www.DaytonKY.com |

Occupational License 2017

Applicants Must Re-Apply Annually

Due by April 15th for a city based business. Outside business must obtain a license prior to beginning work in Dayton.

|  |
| --- |
| I. BUSINESS INFORMATION |
| **Name of Business:**  |  |
| **Business Address:** |  |
| **Business Telephone #:** |  |
| **Email Address:** |  |
| **Employer ID #** (EIN)**:** |  |
| **Insurance** (Provider, Policy #, Amount)**:** |  |
| **Business Start Date:** |  |
| **# of Employees:** |  |
| **Previous Year or Expected Gross Receipts** |  |
| **Description of Business to be Conducted:** |  |
| II. BUSINESS PROPERTY INFORMATION (Only Required if Business Located in City) |
| **Property Address:** |  |
| **Store or Use Hazardous Materials?**  | [ ] yes [ ] no [ ] other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **If yes, state type and amount of each material stored or used:** |
| **Animals Kept on Property:** | [ ] yes [ ] no [ ] other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **If yes, state type, breed, amount, and purpose of animal:** |
| **Security System:** | [ ] yes [ ] no [ ] other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **If yes, give full details of system:** |
| **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:** |  |
| **Co-Owner/ Partner/ Corporate Officer Name, Address, Phone # SSN:** |  |
| **Has the Business, Owner(s), or Corporate Officers ever been convicted of a felony, misdemeanor, crime of moral turpitude, or crime which directly relates to the type of business for which this application is made:** | [ ] yes [ ] no  |
| **If yes, explain in detail:** |  |
| **Any License ever revoked:** | [ ] yes [ ] no [ ] other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **If yes, explain in detail:** |  |
| **ADDITIONAL NOTES:** |
| IV. FEE SCHEDULE |
| **The General Fee Schedule for Occupational License taxes are as follows (select option that applies):**

|  |  |
| --- | --- |
| **GROSS RECEIPTS (Dollars)** | **AMOUNT OF TAX (Dollars)** |
| 0-500 | 25.00 |
| 501 - 5,000 | 70.00 |
| 5,001 - 10,000 | 100.00 |
| 10,001 - 25,000 | 140.00 |
| 25,001 - 50,000 | 170.00 |
| 50,001 -100,000 | 200.00 |
| 100,001 - 200,000 | 270.00 |
| 200,001 – 300,000 | 400.00 |
| 300,001 – 400,000 | 540.00 |
| 400,001 – 500,000 | 680.00 |
| 500,001 – 600,000 | 810.00 |
| 600,001 – 700,000 | 945.00 |
| 700,001 – 800,000 | 1,080.00 |
| 800,001 – 900,000 | 1,220.00 |
| 900,001 – 1,000,000 | 1,350.00 |
| 1,000,001 – 2,000,000 | 1,490.00 |
| 2,000,001 – 3,000,000 | 1,620.00 |
| 3,000,001 – 4,000,000 | 1,750.00 |
| 4,000,001 – 5,000,000 | 1,890.00 |
| 5,000,001 – and over | 2,030.00 |

 |
| **IV. FEE CALCULATION WORKSHEET** |
| **PLEASE COMPLETE THE FOLLOWING WORKSHEET:** |
| **A. Business Gross Receipts** (Based from preceding calendar year for business within city of Dayton). **NOTE:** Any new business shall pay 100% of the minimum tax designated of this section. The new business is required to file a supplemental return at the end of the year and pay any additional amount required. | **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **B. Total Deductions:**  **1. Sales Tax** **2. Alcohol Sales** (the amount of gross receipts of alcoholic beverage sales) **3. Insurance Premiums** (Agents only for premiums actually paid to companies providing coverage) **4. Coin Operated Machine Sales** (May deduct gross receipts but must pay for each machine) **5. Bad Debts** (Uncollectable debts as evidenced by entry within accounting book of business) **6. Goods Returned/Allowances** (May deduct returns as evidenced in accounting records) | **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **C. Gross Receipts after Deductions** (subtract Row B from Row A) | **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **D. License Fee Due** (Input amount based on Row C and Fee Schedule above) | **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **E. Coin Operated Machines** ($10.00 per machine in use) | **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **F. Street Vendors** ($50 per year or $10 per day) | **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **G. Fireworks Sales** ($1,000.00) | **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **H. Penalty and Interest** (Penalty of 20% of total fee if not filed within thirty days of starting new business or April 15th for previously operating businesses but no less than $50.00 and Interest at twelve percent (12%) per annum)  | **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **I. TOTAL FEE DUE** (Add Rows D through H) | **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| IV. ACKNOWLEDGEMENT & SIGNATURE: |
| Reminder: Businesses shall withhold from all employees, an amount equal to two percent (2%) of the compensation received from all work done or services performed within the City. The employer is required to remit such withholding to the City of Dayton quarterly. Please contact the City Clerk's office, (859) 491-1600 for the proper quarterly return.STATEMENTS MADE IN THIS APPLICATION ARE SUBJECT TO VERIFICATION AND FALSE OR INTENTIONALLY MISLEADING STATEMENTS MAY BE CAUSE FOR DENIAL OF A LICENSE OR, IF A LICENSE IS GRANTED, REVOCATION THEREOF UPON DISCOVERY.ANY PERSON FOUND GUILTY OF WILLFULLY FAILING OR REFUSING TO FILE A RETURN, OR WILLFULLY FAILING OR REFUSING TO PAY THE LICENSE TAX WHEN DUE, OR WILLFULLY FAILING OR REFUSING TO FILE A CORRECTED RETURN OR TO PAY AN ADDITIONAL LICENSE TAX WITHIN THIRTY (30) DAYS AFTER RECEIPT OF THE NOTICE PROVIDED HEREIN, OR WILLFULLY FAILING TO PAY A LICENSE TAX BEFORE BEGINNING A NEW BUSINESS OR WILLFULLY FAILING OR REFUSING TO ABIDE BY AN ORDER OF THE CITY COUNCIL SUSPENDING OR REVOKING HIS LICENSE, SHALL BE CONSIDERED GUILTY OF A MISDEMEANOR AND, UPON CONVICTION, FOR EACH OFFENSE, BE SUBJECT TO A FINE OF NOT LESS THAN FIFTY DOLLARS ( 50.00) NO MORE THAN ($500.00) OR TO IMPRISONMENT FOR NOT MORE THAN THIRTY (30) DAYS OR BOTH. I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned, hereby certify that I am authorized to sign this renewal and fee return for occupational license and fee 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:** |
| **Department:** | **Approve or Disapprove:** | **Signature** | **Date:** |
| FIRE |  |  |  |
| POLICE |  |  |  |
| CLERK/TREASURER |  |  |  |
| ADMINISTRATOR (BUILDING & ZONING) |  |  |  |
| MAYOR |  |  |  |