

**2008 NEW & EXISTING BUSINESS
APPLICATION FOR CITY LICENSE**

Date: _____ License Number _____ (FOR OFFICE USE ONLY)

Business Owner(s): _____

Business Name And
Mailing Address: _____

Location of Business if different than mailing address: _____

Phone: _____

Federal ID # or Social Security Number: _____

Date Business Established: _____ Nature Of Business: ___ Retail ___ Service ___ Rental

Ownership (Corp., sole proprietor, etc.) _____

Will You Have Employees During This Year? _____

**Person or Firm Responsible for Payroll: _____

**Person Responsible For Filing Net Profit Return: _____

Will your business year end on a calendar year (Dec. 31) or a fiscal year? _____

If fiscal year, please state date of year end: _____

The City of Springfield has an Occupational Tax Ordinance which requires you to withhold 1% of employees gross wages. Also, you are required to file with our office a 1% net profit license fee return for your calendar or fiscal year. These forms will be mailed to you annually.

**You are responsible to submit these forms to your payroll and/or tax preparer if applicable.

By my signature, I am certifying that I will comply with the regulations stated above and I will abide by all applicable local regulations.

This License does not certify compliance with zoning laws and regulations.

DATE SIGNATURE TITLE

*****THIS FORM MUST BE RETURNED WITH REMITTANCE OF \$25.00 OR _____
FOR CITY LICENSE*** City of Springfield, 127 West Main St., Springfield, KY 40069**

PENALTY FOR FAILURE TO OBTAIN LICENSE: FAILURE TO OBTAIN LICENSE MAY RESULT IN A FINE OF NOT LESS THAN \$10.00 NOR MORE THAN \$100.00 FOR EACH OFFENSE, AND EACH DAY THAT ANY FIRM, OR CORPORATION CONTINUES TO OPERATE WITHOUT THE REQUIRED LICENSE SHALL BE DEEMED A SEPARATE OFFENSE.