## 2022 NEW & EXISTING BUSINESS APPLICATION FOR CITY LICENSE

Date:	License Number	(FOR OFFICE USE ONLY)
BUSINESS NAME AND MAILI	NG ADDRESS:	
r		•
Location of Business if different	than mailing address:	
Phone:	EMAIL:	
Federal ID # or Social Security N	Tumber:	·
Date Business Established:  Nature of Business:	*Business Type: Ret	ail Service Rental
*Please note that some businesse and/or local: Including but not l adult entertainment, shooting ga and truck load sales. Refer to O	imited to food service, alcoho llery, skating rink, fortune te	ol beverage sales, pawn shops, Ellers or similar occupations
Ownership (Corp., sole propriete	or, etc.)	· .
Will You Have Employees Durin	g This Year?	
Person or Firm Responsible for l	Payroll:	
Person Responsible For Filing N	et 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 O withhold 1% of employees gross net profit license fee return for y you annually. **You are response preparer if applicable.	wages. Also, you are require	ed to file with our office a 1% These forms will be mailed to
By my signature, I am certifying will abide by all applicable local		
This License does not certify con	pliance with zoning laws and	d regulations.
DATE TITLE	SIGNATURE	
***THIS FORM MUST BE RET	URNED WITH REMITTAL	NCE OF \$25.00 OR

FOR CITY LICENSE\*\*\* City of Springfield, 127 West Main St., Springfield, KY 40069 before JANUARY 1<sup>ST</sup>

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.