

CITY OF LEITCHFIELD BUSINESS LICENSE APPLICATION

Business name: _____ Federal Tax ID: _____

Owner/Owners: _____ Phone #: _____

Email Address: _____

Business Address: _____ City _____ State _____ Zip _____

Mailing Address: _____ City _____ State _____ Zip _____

Nature of Business: _____ Fiscal Year End Date _____

Do you have employees working in the city limits: YES NO

***If you have employees, there is a 1.2% withholding requirement on gross wages earned in the City of Leitchfield.**

Quarterly payroll returns are mailed the last month of each calendar quarter.

Is this an internet-based business: YES NO

Is this a new or existing business location: N/A NEW EXISTING

Is this a new business license or renewal: NEW RENEWAL

Does your business do any type of underground digging: YES NO

***FORM MUST BE COMPLETELY FILLED OUT BEFORE IT WILL BE ACCEPTED**

In reference to ordinance #2003-10, the minimum license fee for any business is \$50.00, which is to be remitted with this application. All business entity returns for the preceding taxable year shall be made by April 15 of each year, except returns made on the basis of a fiscal year, which shall be made by the 15th day of the 4th month following the close of the fiscal year. Forms can be found at Leitchfield.ky.gov.

The City of Leitchfield must be notified in writing of any changes in the nature of the business, ownership or management, address or termination of business.

By my signature below, I certify that the information provided herein is true and accurate to the best of my knowledge. **Further, I understand that obtaining a business license does not guarantee my right to do business at the location indicated. I hereby affirm that I will determine and comply with all applicable requirements of the Zoning Regulations for the City of Leitchfield.**

Signature of Applicant

Date

**Remit to: City of Leitchfield
Attn: Business License Dept
P.O. Box 398
Leitchfield, KY 42754**

Phone: 270-259-4034

Signature of City Clerk

Date

Signature of Planning and Zoning Administrator

Date