CITY OF PADUCAH FINANCE DEPARTMENT P O BOX 9001241 LOUISVILLE KY 40290-1241 270-444-8595 revenue@paducahky.gov

REGISTRATION APPLICATION FOR BUSINESS LICENSE

1. Full legal name of individual, corporation or partnership applying for this license:

2. Trade name or DBA (if different from line 1)

3. Mailing address for tax forms and correspondence	4. Primary business address
Street Address:	Street Address: (Do not enter a P.O. Box)
City, State, Zip Code	City, State, Zip Code
Email Address	Email Address
Phone	Phone

5. Check your federal business entity type:

□ Sole Proprietor/Individual Will submit Schedule C or E of Federal Form 1040	□ Corporation: Will Submit Federal Form 1120
□ Partnership: Will submit Federal Form 1065 and its Schedule K	□ S-Corp: Will submit Federal Form 1120S and its Schedule K
Identification of the business	s applicant may be requested
6. If you are an individual/Sole Proprietor, enter your Social S	Security Number:
7. If you are a Partnership, Corporation, or S-Corp, enter you	r Federal Tax ID Number:
8. Accounting Period per Federal Return: Calendar Year	or Giscal Year End Date:
9. Do you have W2 Employees working In Paducah? □ Yes If yes, when is the first quarter you will report payroll?	
11. Do you have 1099 employees working in Paducah? \Box Y	es 🗆 No
12. Do you lease the property where the business is located? If yes, what is the name of the real estate owner?	
13. Description of business activity:	_

14. Start date: _____

I agree and affirm that the above referenced business is fully in compliance and satisfaction of and will remain in full compliance and satisfaction of all obligations and duties as prescribed under the City of Paducah's Code of Ordinances, as well as all State and Federal laws which regulate or restrict the use and enjoyment of the business' premises and/or operation.

Print applicant name and title:	Applicant Signature:	
		Date
	OFFICE USE ONLY	
Certificate of Occupancy		
Approved By:	Date:	
Zoning		
Approved By:	Date:	
License Classification:	Fee:	