

**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

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

4. Primary business address

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 applicant may be requested

6. If you are an individual/Sole Proprietor, enter your Social Security Number -----

7. If you are a Partnership, Corporation, or S-Corp, enter your Federal Tax ID Number: _____ - _____

8. Accounting Period per Federal Return: ☐ Calendar Year or ☐ Fiscal Year End Date: _____

9. Do you have W2 Employees working In Paducah? ☐ Yes ☐ No

If yes, when is the first quarter you will report payroll? _____

10. Do you have 1099 employees working in Paducah? ☐ Yes ☐ No

11. Do you lease the property where the business is located? ☐ Yes ☐ No

If yes, what is the name of the real estate owner?

12. Description of business activity: _____

13. 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: _____