

**CITY OF EMINENCE  
P.O. BOX 163  
EMINENCE, KY 40019  
502-845-4159 (PHONE)  
502-845-8066 (FAX)**

**BUSINESS LICENSE APPLICATION**

*Business Name:* \_\_\_\_\_

*Business Address:* \_\_\_\_\_

\_\_\_\_\_  
*City State Zip*

*Mailing Address for Form:* \_\_\_\_\_

\_\_\_\_\_  
*City State Zip*

*Attention to Whom:* \_\_\_\_\_

*Type of Business:* \_\_\_\_\_

*Phone Number:* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*Fax Number:* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*E-mail address:* \_\_\_\_\_

*Will this business have employees? - Yes \_\_\_\_\_ or No \_\_\_\_\_*

*If yes, Occupational License Fee at a rate of .0075 or ¾%*

*Is this business exempt from net profits tax for any reason? \_\_\_\_\_*

*If so, what is the exemption? \_\_\_\_\_*

*Net Profits License Fee is at the rate of .0075 or ¾%  
(Minimum of \$50 & Maximum of \$3000) – Contact for details*

*Fiscal Year Ending date of business:* \_\_\_\_\_

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*Business License Fee:* \$100.00

*If you have any questions please contact:*

*Robin L. Mullins  
Assistant City Clerk  
(502) 845-4159*

*You can visit our website for other forms & instructions at [www.eminencekentucky.com](http://www.eminencekentucky.com)*

