FORM OLF-1

APPLICATION

TO THE CITY OF PARIS, KENTUCKY FOR AN OCCUPATIONAL LICENSE

RECEIPT NUMBER	DATE	ACCOUNT NUMBER

Every business or individual subject to the Occupational License Fee is required to complete this application and return it with the total amount due to the City Clerk's Office.The minimum Occupational License Fee will be credited to the annual Occupational License Fee return. The following information will be held in strict confidence.

Make Check Payable to City of Paris
Mail to: City of Paris
Occupational License Dept.
525 High St.
Paris, KY 40361

1. NAME _____

☐ INDIVIDUAL ☐ PARTNERSHIP -

☐ CORPORATION (Date Organized)_____State _____ ☐ OTHER: _____

2. TRADE NAME _____
(IF DIFFERENT FROM THAT GIVEN ABOVE)

3. ADDRESSES (Please complete all addreses applicable - indicate zip code and telephone number)

Indicate which address is to be used for mailing purposes by check mark

☐ Principal Business Location _____

_____ Telephone. No. _____

☐ Paris Location _____

☐ MAILING ADDRESS (if different from above) _____

_____ Telephone. No. _____

4. ACCOUNTING PERIOD ☐ Calendar Year ☐ Fiscal Year MONTH _____ DAY _____

STATE TAX IDENTIFICATION NUMBER : _____

6. NATURE OF BUSINESS (Please describe your business and its operation, including where and how sales, services or other activities take place. Include any other pertinent information) _____

7. DATE OPERATION TO START MONTH _____ DAY _____ YEAR _____

8. DO YOU HAVE OR WILL YOU HAVE EMPLOYEES WORKING IN PARIS ☐ YES ☐ NO

Date employment in these areas was first given or will be given _____
MONTH DAY YEAR

9. DO YOU HAVE OR WILL YOU HAVE SALES OR PERFORM SERVICES IN PARIS ☐ YES ☐ NO

10. MINIMUM LICENSE FEE $ 75.00

I hereby certify that all information and statements herein are true and correct.

Signature _____ **Date:** _____

The City Manager hereby conditionally approves an Occupational License for the above applicant. The license may be revoked at any time if applicant fails to maintain premises in accordance with Ordinance 2010-4 adopted 9th day of March 2010.

_____
CITY MANAGER **DATE**