

# APPLICATION

To be completed in order to establish an account for reporting  
**OCCUPATIONAL LICENSE FEES**  
for  
**MORGANTOWN, KENTUCKY**

MAIL TO:

**CITY OF MORGANTOWN**  
**117 N. MAIN STREET**  
**P.O. BOX 397**  
**MORGANTOWN, KY 42261**  
**270-526-3557**

Per Ordinance 05-03 every business or individual subject to the Occupational License Fee is required to complete this application and return it to the City Treasurer along with a check for \$25.00 to obtain an Occupational License. The \$25.00 is the minimum fee to do business in Morgantown and is deductible from the net profit return. *\$25 per sign per business*

1. NAME \_\_\_\_\_  
 INDIVIDUAL  PARTNERSHIP (LIST NAME AND ADDRESS OF EACH PARTNER ON LINE 11)  
 CORPORATION (DATE ORGANIZED \_\_\_\_ / \_\_\_\_ / \_\_\_\_ STATE \_\_\_\_ )  OTHER \_\_\_\_\_
2. TRADE NAME \_\_\_\_\_  
(IF DIFFERENT FROM THAT GIVEN ABOVE)
3. ADDRESSES (Please complete all addresses applicable-indicate Zip Code and Telephone Number)  
A.  City Address \_\_\_\_\_  
B.  Mailing Address (If different from above) \_\_\_\_\_  
Tel. No. \_\_\_\_\_
4. ACCOUNTING PERIOD  
 Calendar Year - Dec. 31, or  Fiscal Year Ended \_\_\_\_ / \_\_\_\_  
MONTH DAY
5. WHAT IS ZONING OF BUSINESS LOCATION: \_\_\_\_\_
6. NATURE OF BUSINESS \_\_\_\_\_
7. DATE OPERATIONAL IN MORGANTOWN STARTED \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MONTH DAY YEAR *Signs: yes ( ) no ( )*
8. DO YOU HAVE OR WILL HAVE EMPLOYEES WORKING IN MORGANTOWN?  YES  NO  
A. NUMBER OF EMPLOYEES \_\_\_\_\_  
It is understood that the City of Morgantown has a 2% occupational tax on gross wages earned within the City of Morgantown that must be withheld from employee earnings and remitted to the City quarterly. It is understood that every business in Morgantown must file a net profit return annually, based upon 2% of business profits, whether or not the business has shown a profit.  
B. Are you responsible for remitting your own occupational taxes?  
Yes  No  If yes, do you wish to remit them quarterly \_\_\_\_\_ or annually \_\_\_\_\_ ?
9. HAVE ALL CITY, COUNTY AND STATE REQUIREMENTS BEEN MET? \_\_\_\_\_
10. IF BUSINESS WAS OBTAINED FROM A PREVIOUS OWNER, OR A CHANGE IN THE TYPE OF ORGANIZATION:  
a) Give Date of Acquisition or Change \_\_\_\_\_  
b) Give Name of Previous Owner or Organization \_\_\_\_\_  
c) Give Former Trade Name, if any \_\_\_\_\_
11. OTHER INFORMATION (Use back if necessary) \_\_\_\_\_

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

Date \_\_\_\_\_ X \_\_\_\_\_

(Signature)

(Title)

For Office Use	
Acct #	
BL	
NP	