



County of Boone & City of Florence  
Occupational License/Payroll Tax Application  
Effective December 2009



www.boonecountky.gov

www.florence-ky.gov

|   |  |                              |  |
|---|--|------------------------------|--|
| <p>Instructions:</p> <p>A. Applicants are required to complete this application in full before conducting business. Subject to approval</p> <p>B. Applicants are required to pay a \$25.00 Boone County Occupational License fee with this application.</p> <p>C. When conducting business in the City of Florence, please comply with the City of Florence fee calculated at the right and remit both the Boone County fee AND the City of Florence fee.</p> <p>D. If construction or a use group change is being performed within Boone County, KY, a permit is required from the Boone County Building Department (859) 334-2218</p> <p>E. If construction, the Occupational License Department requires the Contractor to supply a complete list of Subcontractors containing Name, Address and Phone Number. The Occupational License may be delayed if this information is not supplied.</p> <p>F. The normal processing time for an application is ten to fifteen working days, if the application is completed correctly. Upon approval, you will receive correspondence which will include your account number.</p> <p><b>*Note: Contractor labor must be licensed individually*</b></p> | <p>City of Florence Estimated Sales/ Receipts During First Year of Business (Item G)</p>   | <p>(Round to nearest \$)</p> | <p>City of Florence</p>  |
|   | <p>Rate (Multiply by)</p>  | <p>0.001</p>                 | <p>G. Estimated Sales/Receipts During First Year of Business \$ _____</p>  |
|   | <p>City of Florence Fee Amount (Enter This Amount on Item H.) Minimum Fee \$40.00 Maximum Fee \$10,000.00</p>  |                              | <p><b>Total Remittance:</b></p>  |
|   | <p>According to an opinion (OAG-85-1) of the Kentucky Attorney General, the responses that you make to questions 1, 2A, and 8 below are to be provided to anyone upon request, pursuant to the "Kentucky Open Records Law"</p> |                              | <p>H. City of Florence (From Fee Calculation) \$ _____</p> <p>Penalty 12% \$ _____</p> <p>Interest 1% per month \$ _____</p> <p>I. Boone County \$ <u>25.00</u></p> <p>J. Total (All Lines) \$ _____</p> |

- Legal Name of Business or Applicant if Sole Proprietor: \_\_\_\_\_
- Doing Business As or Trade Name (If applicable): \_\_\_\_\_
- Physical Location or Job Site/ Contractor working in the City of Florence, or Boone County (Must list location or various if many):  
\_\_\_\_\_ Phone Number: \_\_\_\_\_
- Mailing Address (or Residence if applicable):  
\_\_\_\_\_ Phone Number \_\_\_\_\_
- Business Entity (Select One):
 

|  |  |                                       |                                      |
|--|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Sole Proprietor           | <input type="checkbox"/> Partnership       | <input type="checkbox"/> Corporation  | <input type="checkbox"/> S Corp      |
| <input type="checkbox"/> LLC – Individual          | <input type="checkbox"/> LLC – Partnership | <input type="checkbox"/> Non Profit * | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> PSC (Public Service Corp) |  |                                       |                                      |

\* NOTE: Non Profit must attach 501C (3) Determination Letter to be tax-exempt
- Federal Tax Identification Number: \_\_\_\_\_  
If self employed, provide owner Social Security Number \_\_\_\_\_
- If Individual, your year end is 12/31. Corporations, Partnership, or Non Profit must provide Fiscal Year End: \_\_\_\_\_
- Date Business will begin in City of Florence and/or Boone County, KY** (MM/DD/YY): \_\_\_\_\_ Est. Number of Employees: \_\_\_\_\_  
(Working in Boone County/Florence)
- Do you or will you use "leased" employees?  Yes  No  
If yes, Provide the name, address and phone number of leasing agency: \_\_\_\_\_
- Describe in **DETAIL** the nature of the business: \_\_\_\_\_
- Is this business a Sexually Oriented Business as defined by Boone County Ordinance 07-06 and/or City of Florence Ordinance 0-2-07  
 Yes  No (if yes please contact the County and/or City for additional licensing requirements)
- Will alcohol be sold and/or served at this business location?  Yes  No
- Are you a contractor doing work in Boone County, whose company is located outside of Boone County?  
 Yes  No
- If a contractor, are you the General Contractor?  Yes\*  No  
\*If yes, please attach a list of subcontractors you will be using.

|   |
|---|
| <p>To Be Completed by<br/>Tax Agency</p> <p>Boone A/C _____</p> <p>Florence A/C _____</p> |
|---|

Legal Name of Business or Applicant if Sole Proprietor \_\_\_\_\_

15. Owner(s) of Business (Attach additional list if necessary):

| Name | Address | Phone Number | Title | Date of Birth | Social Security Number |
|------|---------|--------------|-------|---------------|------------------------|
|      |         |              |       |               |                        |
|      |         |              |       |               |                        |
|      |         |              |       |               |                        |

16. Is this business being operated from a residence in Boone County?  
 Yes (Please complete the **HOME OCCUPATION PERMIT APPLICATION**)       No  
 (The questionnaire is located at [www.BooneCountyKy.org](http://www.BooneCountyKy.org) or by calling the Planning Commission at 859-334-2196)

17. Contact information for payroll/corporate tax for operation within City of Florence and/or Boone County (Manager, etc.)

|      |         |              |                        |        |
|------|---------|--------------|------------------------|--------|
| Name | Address | Phone Number | Night/Emergency Number | E-mail |
|------|---------|--------------|------------------------|--------|

18. Has any person listed in Item 15 ever had an Occupational License or similar Business License denied, revoked or suspended in the City of Florence, Boone County, or any other City or State? If "Yes" Please explain. (You may attach additional information sheet if needed)  
 Yes       No

19. Has any person listed in Item 15 ever been convicted of a Felony or Misdemeanor\*?  
 Yes       No      If Yes, Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Explanation: \_\_\_\_\_  
 \*If more than one charge please attach the above information on each charge to an additional information sheet.

Remittance

- |  |  |
|--|--|
| <p>A. When conducting business in <b>Boone County</b> only, remit Boone County fee to:</p> <p style="padding-left: 40px;">Boone County Fiscal Court<br/>Occupational License Department<br/>PO Box 960<br/>Burlington, KY 41005<br/>Phone: (859) 334-2144      Fax (859)334-3914</p> | <p>B. When conducting business in <b>City of Florence (which is a part Boone County)</b>, remit City of Florence fee <b>AND</b> Boone County fee to:</p> <p style="padding-left: 40px;">City of Florence<br/>Finance Department<br/>8100 Ewing Boulevard<br/>Florence, KY 41042<br/>Phone: (859) 647-5413      Fax: (859) 647-5447</p> |
|--|--|

**Warning:** Statements made in this application are subject to verification and false or misleading statements may be cause for denial of the license applied for or, if granted, revocation thereof upon discovery.

I hereby certify that I am duly authorized to act for the applicant and that the statements contained on this application are true and complete:

|              |           |       |       |
|--------------|-----------|-------|-------|
| _____        | _____     | _____ | _____ |
| Name (Print) | Signature | Title | Date  |

**For Official Use Only – Approvals/Denial**

Boone County Planning Commission \_\_\_\_\_ Date: \_\_\_\_\_

Boone County Building Inspection: \_\_\_\_\_ Date: \_\_\_\_\_

City of Florence Fire Department: \_\_\_\_\_ Date: \_\_\_\_\_

Issuance of the License is:  
 Approved       Approved Conditional (Conditions Attached)       Denied (Notification to Applicant Attached)

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ Authorized By: \_\_\_\_\_