

CITY OF OWENTON  
220 SOUTH MAIN STREET  
OWENTON, KY 40359

PHONE NUMBER : (502) 484-2313 FAX: (502) 484-5156

**BUSINESS LICENSES APPLICATION FORM**

CITY OF OWENTON OCCUPATIONAL & UNLOADING LICENSES EXPIRE ANNUALLY ON DECEMBER 31<sup>ST</sup>. OWENTON CITY ORDINANCES REQUIRE THAT SUCH LICENSES BE RENEWED ANNUALLY. PLEASE COMPLETE THE INFORMATION BELOW AND RETURN TO CITY HALL.

BUSINESS NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHYSICAL ADDRESS ( IF DIFFERENT ABOVE):  
\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

FEDERAL I. D. / SOCIAL SECURITY NUMBER: \_\_\_\_\_

TYPE OF BUSINESS: (CHECK ONE PLEASE): CORPORATION:  PARTNERSHIP:   
INDIVIDUAL:  OTHER:

NATURE OF BUSINESS OR PROFESSION: \_\_\_\_\_  
\_\_\_\_\_

LIST ANY OTHER BUSINESS OR ACTIVITIES AT THIS LOCATION (VENDING MACHINES, SOFT DRINK, CANDY OR TOBACCO SALES OR SECONDARY BUSINESS): \_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE OF APPLICANT: \_\_\_\_\_

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OFFICE USE ONLY: DATE RECEIVED: \_\_\_\_\_ AMOUNT RECEIVED: \_\_\_\_\_

CK:  CASH:  LICENSE NUMBER: \_\_\_\_\_