

**CITY OF FRANKLIN, KENTUCKY
BUSINESS LICENSE APPLICATION/PART TIME
P.O. BOX 2805
FRANKLIN, KY 42135
Phone (270)586-4497 Fax (270)586-9419
www.cityoffranklin.com**

Business Name: _____ Local Phone#: _____

_____ Local Fax#: _____

Start Date in Franklin: _____ Local Email Address: _____

Local Contact: _____ Description of Business: _____

Will you have employees working in Franklin? No Yes #of Employees: _____

Check Entity Type: Sole Proprietor Partnership Corporation Limited Liability Company
 Limited Liability Partnership Non-Profit Other: _____

NON-PROFIT MUST ATTACH IRS ACKNOWLEDGEMENT OF TAX EXEMPT STATUS

I, the undersigned, am aware that the City of Franklin has a 1% payroll withholding fees on payrolls within the city, regardless of residence of employee, and am aware of my obligation as an employer to withhold this fee from employees and remit payments to the city quarterly. Furthermore, I am aware that a Business License Reconciliation must be filed annually based upon the business gross receipts. I understand that this return must be completed regardless of profit earned.

PART TIME BUSINESS REQUIREMENTS

Business operates thirty (30) hours or less per week

Business does not have gross annual receipts in excess of \$50,000

Business must file and pay any additional fees due on actual annual gross receipts

APPLICANT SIGNATURE

APPROVED BY

DATE

**INFORMATION ABOVE AVAILABLE TO PUBLIC
INFORMATION BELOW IS CONFIDENTIAL**

City Account Number: _____ (to be assigned by this office)

Accounting Period Per Federal Return:

Calendar Year: _____ Fiscal Year End Date: _____

Federal I.D. Number: _____ Social Security Number: _____

Home Office Name & Address:

Phone: _____

Fax: _____

Email: _____

OWNER INFORMATION: (List Partners, if Corporation list Officers and Titles)

_____	_____
_____	_____
_____	_____

Please list any other business entities you have had in the City of Franklin:

_____	_____
_____	_____

List of Subcontractors (including labor) you will be using:

_____	_____
_____	_____
_____	_____

The License Fee Division must be notified in writing if your business ceases operation. You will be assumed in business until this written statement is received.