

**CITY OF FRANKLIN, KENTUCKY
BUSINESS LICENSE APPLICATION
P.O. BOX 2805
FRANKLIN, KY 42135
Phone (270)586-4497 Fax (270)586-9419
www.cityoffranklin.com
mlc.fky@comcast.net**

City Account Number: _____

Business Name: _____ Phone#: _____
Address: _____ Fax#: _____
_____ Email Address: _____
Start Date in Franklin: _____ Site Location: _____
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 Manufacturing 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.

APPLICANT SIGNATURE

DATE

APPROVED BY

INFORMATION ABOVE AVAILABLE TO PUBLIC

INFORMATION BELOW IS CONFIDENTIAL

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.