

City of Franklin
Business License Application/Part Time
PO Box 2805
Franklin, KY 42135
Phone: 270-586-4497 Fax:270-586-9419
www.franklinky.org

City Account Number: _____

★ Business Name: _____ ★ Phone #: _____
★ Physical Address: _____ Fax #: _____

Email Address: _____
Start Date in Franklin: _____ Site Location: _____
★ Contact Person: _____ ★ 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 Sexual Oriented Business Other: _____

NON-PROFIT MUST ATTACH IRS ACKNOWLEDGEMENT OF TAX EXEMPT STATUS

★ Accounting Period per Federal Return:

Calendar Year: _____ **OR** Fiscal Year End Date: _____

★ Business Identification:

Federal ID Number: _____ **OR** Social Security Number: _____

ALL FORMS ARE AVAILABLE ONLINE AT WWW.FRANKLINKY.ORG

Part Time Business Requirements

Business operates thirty (30) hours or less per week

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

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

I, the undersigned, am aware that the City of Franklin had 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 on upon the business gross receipts. I understand that this return must be completed regardless of profit earned. I hereby certify, under penalty of perjury, that the statements made herein are true, correct, and complete to the best of my knowledge.

Applicant Signature

Date

Approved By

★★ Please provide a copy of the owner's valid driver's license or picture ID along with application★★

★ Please turn over on back to complete application ★

Business Mailing Address:

Phone #: _____

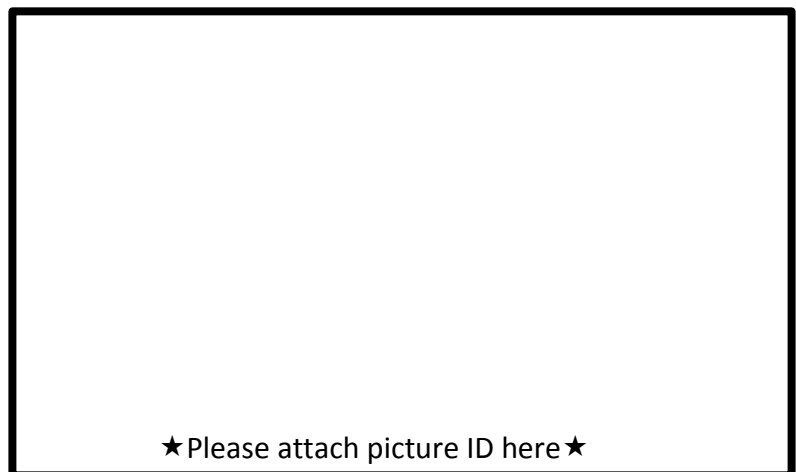
Fax #: _____

Email: _____

Owner Information: (List Partners if Partnership, List Officers & Titles if Corporation)

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.

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