



# City of Fulton

P O Box 1350  
Fulton, KY 42041

## Application for Occupational License Due Date 01/01/2017

Every business or individual subject to the Occupational License Fee is required to complete this application and return it with \$75.00 to the City Clerk of Fulton. The \$75.00 fee is not required of nonprofit organizations.

The following information is required for our records.

DATE \_\_\_\_\_ BUSINESS NAME \_\_\_\_\_

APPLICANT \_\_\_\_\_ ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_ ZIP \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ MAILING ADDRESS (if different from above) \_\_\_\_\_

EMAIL \_\_\_\_\_

Accounting Period:  
 \_\_\_\_\_ Calendar Year  
 \_\_\_\_\_ Fiscal Year \_\_\_\_\_ / \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_ ZIP \_\_\_\_\_

Federal Tax EID # \_\_\_\_\_

Is Business a:  Individual  Partnership

Corporation (List name and address of each officer and agent)

Other (Describe:) \_\_\_\_\_

Nature of Business \_\_\_\_\_

Date of business operations started in the City of Fulton: \_\_\_\_\_

Do you have or will you have employees working in the City of Fulton: \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, the City of Fulton's Payroll Tax to be withheld is 2%

Number of Employees \_\_\_\_\_

I hereby certify that all information and statements are true and correct.

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Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Official Use Only

Account #