

**BUSINESS LICENSE APPLICATION**

CITY OF RUSSELL SPRINGS  
P O BOX 247  
RUSSELL SPRINGS, KY 42642  
PHONE (270)866-3981 FAX (270)866-3860

**APPLICATION INFORMATION**

NAME OF APPLICANT \_\_\_\_\_  
TRADE NAME OR DBA \_\_\_\_\_

**RUSSELL SPRINGS LOCATION INFORMATION**

STREET OR HWY LOCATION \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
TELEPHONE NUMBER \_\_\_\_\_

HOW MANY LOCATIONS WILL THIS BUSINESS OPERATE ? \_\_\_\_\_  
IF MORE THAN ONE, LIST THE ADDRESS OF EACH LOCATION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHECK TYPE OF OWNERSHIP**

\_\_\_ CORPORATION \_\_\_ SOLE PROPRIETOR \_\_\_ PARTNERSHIP  
\_\_\_ LLC (SOLE PROPRIETOR) \_\_\_ LLC (PARTNERSHIP)  
\_\_\_ LLC (CORPORATION)

IF APPLICANT IS A CORPORATION, PLEASE LIST CORPORATE NAME  
EXACTLY AS IT APPEARS ON YOUR STATE AND FEDERAL INCOME TAX  
RETURN.

CORPORATE NAME \_\_\_\_\_  
DATE OF INCORPORATION \_\_\_\_\_  
FEDERAL EMPLOYER I.D. NO. \_\_\_\_\_

LIST DULY AUTHORIZED REPRESENTATIVE OF THE BUSINESS WHO IS  
RESPONSIBLE FOR OPERATING AND MANAGING THE BUSINESS.

NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
ADDRESS \_\_\_\_\_

HOME TELEPHONE NO. \_\_\_\_\_  
SOCIAL SECURITY NO. \_\_\_\_\_

**OWNER(S) OF BUSINESS**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_  
SOCIAL SECURITY NO. \_\_\_\_\_

**PAYROLL WITHHOLDING FEE**

WILL YOU HAVE EMPLOYEES WORKING IN RUSSELL SPRINGS? \_\_\_\_\_  
HOW MANY WILL YOU EMPLOYEE? \_\_\_\_\_ 1 - 5 \_\_\_\_\_ 6 - 10 \_\_\_\_\_ OVER 10

THE CITY OF RUSSELL SPRINGS HAS A WITHHOLDING FEE OF 1% OF THE GROSS WAGES PAID TO EMPLOYEES WHILE THEY ARE WORKING WITHIN THE CITY LIMITS. IT IS THE RESPONSIBILITY OF THE BUSINESS OWNER TO WITHHOLD THESE FEES AND SUBMIT THEM TO THE CITY OF RUSSELL SPRINGS ON A QUARTERLY BASIS. FORMS WILL BE PROVIDED. IF YOU WISH TO HAVE THE WITHHOLDING FORMS SENT TO AN ADDRESS OTHER THAN THAT LISTED, PLEASE INDICATE BELOW:

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

**DATES OF BUSINESS ACTIVITY**

DATE BUSINESS ACTIVITY BEGAN OR WILL BEGIN IN RUSSELL SPRINGS? \_\_\_\_\_

IS BUSINESS TO BE: \_\_\_\_\_ PERMANENT \_\_\_\_\_ TEMPORARY  
IF TEMPORARY, GIVE APPROXIMATE DATES OF ACTIVITY: \_\_\_\_\_

**TYPE OF BUSINESS ACTIVITY**

_____ AG, FORESTRY, FISHING	_____ WHOLESALE TRADE
_____ MINING	_____ RETAIL TRADE
_____ CONSTRUCTION	_____ INSURANCE & REAL ESTATE
_____ TRANSPORTATION &	_____ MANUFACTURING
_____ PUBLIC UTILITIES	_____ PUBLIC ADMINISTRATION
_____ SERVICES	

GIVE BRIEF DESCRIPTION OF PRIMARY BUSINESS ACTIVITY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AMOUNT OF LICENSE FEE**

1 TO 5 EMPLOYEES \$100  
6 TO 10 EMPLOYEES \$300  
OVER 10 EMPLOYEES \$500