

CITY OF BEREA APPLICATION FOR OCCUPATIONAL LICENSE

212 CHESTNUT STREET ♦ BEREA, KY 40403 ♦ PHONE: 859-986-7218

Pursuant to City Ordinance, firms or organizations engaged in any trade or profession operating in the City of Berea for profit or gain, to first register with the City.

Legal Business Name _____

Doing Business As _____

Mailing Address: _____

Physical Address (if different than above): _____

Contact Person: Name: _____

Title: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

Application Type
(select one)

Initial business license registration fee \$25

Regulated Licenses

Peddlers \$25/year or \$10/day

Solicitors \$100/year or \$10/ day

Carnival/Circus \$300/ week (must have Mayor's permission)

Pawnbroker \$250/year

Delivery \$50/year

Billiard \$200/year + \$25/table

Fleamarkets \$100/year

Vending \$10/machine/year (A list of all serial #'s of each machine is required)

Check Entity Type:

Individual, Partnership, Corporation, Limited Liability Partnership

Limited Liability Company filing as:

 ___ Individual, ___ Partnership, ___ Corporation

Non-Profit, must attach IRS acknowledgement of tax exempt status

Other _____

Please attach name, home address and phone of owner(s), partner(s), members, or if a corporation list officers and titles.

Accounting Period per Federal Tax Return:

Calendar Year Fiscal Year Ending: _____

Social Security or Federal Tax ID Number: _____

Nature or Description of Business: _____

Date Operations Started in Berea: _____

Do you have or will you have employees working in Berea: Yes No If yes, how many? _____

Do you have subcontractors or any other contract labor: Yes No If yes, please attach a detailed listing.

It is understood that the City of Berea has an occupational license fee on net profits from business conducted within the City. An annual return must be filed whether or not the business has shown a profit. It is also understood that the license fee must be withheld from earnings of employees working in the City and remitted to the City quarterly (or monthly if more than 50 employees).

I hereby certify that the information in this application is true and correct to the best of my knowledge and belief.

Authorized Signature: _____ Title: _____ Date: _____

OFFICIAL USE ONLY

Amount Received: _____

Payment Type: Cash Check (#____) Credit Card

Date received: _____

Received by: _____

Codes Approval: _____

Date: _____

Inside City Limits: Yes No