

## Application for City of Mount Sterling Business License

**Instructions:**

1. Complete application in full and submit with Application Fee:  
**\$100.00** Operating in the City as a **Full-time business**.  
**\$50.00** Operating in the City as a **Part-time/occasional business**. (Defined as a business which operates in the city less than 30 hours per week or 1/2 of all business conducted. Must be approved by the Clerk.)
2. File quarterly withholding returns and annual Net Profit Returns. The rate for each is 2%.
3. Non-Profit organizations are not required to pay the application fee but must file quarterly withholding tax returns.

**All questions must be answered completely. Please type or print.**

1. Business Name or Applicant's Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_ Facsimile (\_\_\_\_) \_\_\_\_\_
2. Business Address \_\_\_\_\_ Ste # \_\_\_\_\_  
 \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
3. Mailing Address \_\_\_\_\_  
 \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
4. Address where work will be performed \_\_\_\_\_
5. Will this be a one-time issuance of the business license to be used for only one job in the city? \_\_\_\_\_
6. Will this license be renewed annually? \_\_\_\_\_
7. Are you taking over an existing business?  Yes  No If yes, what is the current name? \_\_\_\_\_
8. Have you held a City of Mount Sterling license before?  Yes  No If yes, under what name? \_\_\_\_\_
9. Email Address \_\_\_\_\_
10. Type of Business \_\_\_\_\_
11. Date Work is to begin in the City of Mount Sterling \_\_\_\_\_
12. Will you have Employees? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes How Many? \_\_\_\_\_
13. Check Ownership Type: \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation  
 \_\_\_\_\_ Non-Profit \_\_\_\_\_ Other \_\_\_\_\_
14. Name of Owners \_\_\_\_\_ Phone No (\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_ Phone No (\_\_\_\_) \_\_\_\_\_
15. If a corporation, list officers \_\_\_\_\_ Phone No (\_\_\_\_) \_\_\_\_\_  
 and Titles: (or Partnership) \_\_\_\_\_ Phone No (\_\_\_\_) \_\_\_\_\_
16. Contact Person for Tax Info. \_\_\_\_\_ Phone No (\_\_\_\_) \_\_\_\_\_
17. \_\_\_\_\_  
 Signature of Applicant \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Make Check Payable To: City of Mount Sterling,	Fax No. (859) 498-8727
Mail Application and Check to: City of Mount Sterling 33 N. Maysville Street Mount Sterling, KY 40353	If you have any questions, please call (859) 498-8725 Business Hours: Monday – Friday, 8:00 a.m. – 4:00 p.m. Lobby Hours: Monday – Friday 9:00 a.m. – 3:00 p.m.