**2025 NEW & EXISTING BUSINESS**

**APPLICATION FOR CITY LICENSE**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License Number\_\_\_\_\_\_\_\_\_\_ (FOR OFFICE USE ONLY)**

**BUSINESS NAME AND MAILING ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Location of Business if different than mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Federal ID # or Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Business Established: \_\_\_\_\_\_\_\_\*Business Type: \_\_\_ Retail\_\_\_ Service \_\_\_ Rental**

**Nature of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Please note that some businesses may require additional approvals and licensing – state**

**and/or local: Including but not limited to food service, alcohol beverage sales, pawn shops, adult entertainment, shooting gallery, skating rink, fortune tellers or similar occupations and truck load sales. Refer to Ordinance 2007-010 for details.**

**Ownership (Corp., sole proprietor, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Will You Have Employees During This Year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Person or Firm Responsible for Payroll: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Person Responsible for Filing Net Profit Return: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Will your business year end on a calendar year (Dec. 31) or a fiscal year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If fiscal year, please state date of year end: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The City of Springfield has an Occupational Tax Ordinance which requires you to withhold 1.5% of employees gross wages. Also, you are required to file with our office a 1.5% net profit license fee return for your calendar or fiscal year. These forms will be mailed to you annually. \*\*You are responsible to submit these forms to your payroll and/or tax preparer if applicable.**

**By my signature, I am certifying that I will comply with the regulations stated herein and I will abide by all applicable local regulations including Ordinance 2007-010.**

**This License does not certify compliance with zoning laws and regulations.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE TITLE SIGNATURE**

**\*\*\*THIS FORM MUST BE RETURNED WITH REMITTANCE OF $25.00 OR \_\_\_\_\_\_\_\_ FOR CITY LICENSE\*\*\* City of Springfield, 127 West Main St., Springfield, KY 40069 before JANUARY 1ST**

**PENALTY FOR FAILURE TO OBTAIN LICENSE: FAILURE TO OBTAIN LICENSE MAY RESULT IN A FINE OF NOT LESS THAN $10.00 NOR MORE THAN $100.00 FOR EACH OFFENSE, AND EACH DAY THAT ANY FIRM, OR CORPORATION CONTINUES TO OPERATE WITHOUT THE REQUIRED LICENSE SHALL BE DEEMED A SEPARATE OFFENSE.**