CITY OF BOWLING GREEN, KENTUCKY
BUSINESS REGISTRATION FORM INSTRUCTIONS

1. PERSON REQUIRED TO FILE APPLICATION:

Each person engaged in any occupation, trade or profession or other business activity conducted for gain or profit in the City shall first make application in writing to the Chief Financial Officer through the License Division, on forms provided by the City, before applicant shall be authorized to do business. This application and the fees described apply to entities conducting business in the City that meet the definition of a local business in Section 18-1 of the City Ordinance as well as those entities defined as a Transient General Contractor under Chapter 6-15.01 that do not meet the definition of a local business. Local businesses that do not own the business site, must provide a valid lease from the property owner for a period of over six (6) uninterrupted months.

2. PAYMENT OF REGISTRATION FEE:

A one time License Registration fee of $50.00 will be made at the time of application payable to the City of Bowling Green. A business changing names shall notify the License Division of the name change, but will not be required to pay a new license registration fee. This applies to a true name change only. Any change in entity or ownership shall require the completion of a new application and registration fee. Mail to Occupational License Division at PO Box 1410, Bowling Green, KY 42102-1410 or visit City Hall Annex at 1017 College Street, Bowling Green, KY 42101. If you have any questions, please phone 270-393-3000 and request License Division.

3. REQUIREMENTS FOR $275.00 BUSINESS REGISTRATION BOND:

A. Transient General Contractors Ch. 18-4 (c) In addition to the Occupational License Registration Fee, General Contractors that do not meet the definition of a local business shall be required to post a bond of $275.00 with the City at the time of registration. This bond shall be held until all City Net Profit License Fee Returns and Employee Withholding requirements have been deemed met by the City. The City may call on this bond at any time fees due the City become delinquent.

B. Businesses deemed local but have no business site in the City CH.18-4 (e) A business that had been deemed to be local by producing sufficient evidence to show its close proximity to the City would constitute regular visits but does not own its business site in the City Limits or have a valid lease for its business site in the City for a period of over six (6) uninterrupted months shall be required to post a bond of $275.00 with the City at the time of registration. This bond shall be held until all City Net Profit License Fee Returns and Employee Withholding requirements have been deemed met by the City. The City may call on this bond at any time fees due the City become delinquent.

4. AFFIDAVIT:

Every application must be under oath and executed by same person having personal knowledge of the business and information required.

5. APPLICATION OF WITHHOLDING AND NET PROFIT LICENSE FEES:

A license fee at the rate of 1.85 % applies to the following within the City of Bowling Green, KY:

A. Salaries, wages, commissions and other compensations for work or services rendered in any activity (referred to as Employee Withholding Fee).
B. Income from the operation of a business or enterprise after providing for all costs and expenses incurred in the conduct thereof --referred to as Net Profit Fee.

6. PENALTIES:

Interest at the rate of **12%** per annum if fees are not paid when they become due; in addition a penalty charge of **5%** per month not to exceed 25% but not less than $25.00.

Any person or persons who shall attempt to do anything whatsoever to avoid the payment of the whole or any part of the license fee, shall become liable to the City plus interest and penalty charges.

* FOR OFFICE USE ONLY
* Acct. #: _____
* Source Code: _____

CITY OF BOWLING GREEN, KENTUCKY

BUSINESS REGISTRATION APPLICATION

1017 College Street * P O Box 1410 * Bowling Green, KY 42102-1410
PH (270) 393-3000 FAX (270) 393-3636 E-mail www.bgky.org/license.htm

Registration Fee: $50.00 A Cash Bond may be required. Please refer to section three of these instructions.
*** Per City Code of Ordinances Ch. 18 copy of lease for over six (6) months attached. ***

Business Name: _____ Local Phone No.: _____
Job Site or _____
Local Address: _____ Fax Number: _____
(No P O Box) _____ Start date in BG _____

If Entity has other locations in Bowling Green attach listing of street addresses.

Local Manager/Rep: _____ Description of Business: _____

Will you have payroll employees working in Bowling Green? ☐ No ☐ Yes — No. of Employees: ___

Check Entity Type: ☐ Individual, ☐ Partnership, ☐ Corporation, ☐ Limited Liability Partnership

☐ Limited Liability Company filing as: Individual _____, Partnership _____, Corporation _____,

☐ Other _____ ☐ Non-Profit, *must attach IRS acknowledgement of tax exempt status*

I certify that all the information on this application is true and correct.

_____ _____
Print Name of Applicant Title Signature of Applicant Date

_____ _____
Print Name of Applicant Title Signature of Applicant Date

INFORMATION ABOVE THIS LINE AVAILABLE TO PUBLIC

INFORMATION BELOW THIS LINE IS CONFIDENTIAL

Accounting Period per Federal Return: ☐ Calendar Year or Fiscal Year End Date: _____

Social Security No. of Business Owner: _____ Business Federal ID No.: _____

Accounting Firm or Individual Name: _____ Phone: _____

Check if applicable to above business: ☐ Alcohol Sales ☐ Live Entertainment

General Mailing Name & Address:
_____ Phone: _____
_____
_____ Fax No.: _____

CITY OF BOWLING GREEN, KENTUCKY BUSINESS REGISTRATION APPLICATION (Continued)

Home Office Name & Address:

_____ Phone: _____

_____

_____ Fax No.: _____

_____

Address to mail *Quarterly Employee Withholding Return* if different from General Mailing Address:

_____ Phone: _____

_____

_____ Fax No.: _____

_____

Address to mail *Net Profit License Fee Return* if different from General Mailing Address:

_____ Phone: _____

_____

_____ Fax No.: _____

_____

Owner/Partner/Corporate Officer information to be completed: (attach separate listing if more space is required)

Name: _____
Residence: _____
_____
Social Security No: _____
Phone: _____ Date of Birth: _____

Name: _____
Residence: _____
_____
Social Security No.: _____
Phone: _____ Date of Birth: _____

Name: _____
Residence: _____
_____
Social Security No: _____
Phone: _____ Date of Birth: _____

Name: _____
Residence: _____
_____
Social Security No.: _____
Phone: _____ Date of Birth: _____

Enclosed is check or money order # _____ for $ _____ made payable to City of Bowling Green

Please bill my ☐ Visa ☐ MasterCard Account # _____ Amt $ _____

Expiration Date _____-_____-_____ Security Code (3 digits on back of card) ☐ ☐ ☐

Authorized Signature as it appears on card _____

Printed name and address the Visa or MasterCard monthly statement is mailed to:

Name _____ Company If Applicable _____

_____

Street Address or Post Office Box City State Zip Code

If paying by Visa or MasterCard, this form may be faxed to (270) 393-3636

Check if Minority Owned Business: (Optional, for statistical purposes only)

☐Female, ☐Male, ☐White, ☐Black, ☐Asian, ☐Hispanic, ☐American Indian