



## CITY OF BOWLING GREEN, KENTUCKY

### INSTRUCTIONS FOR TRANSIENT PROFESSIONAL SERVICES, BUSINESSES, PEDDLERS, & CONTRACTORS

#### 1. PERSONS REQUIRED TO FILE APPLICATION:

A representative of transient professional service, business, peddler or transient contractor desiring to engage in business within the City or City Annex shall first make application in writing to the Chief Financial Officer through the License Division, on forms provided by the City before the applicant shall be authorized to do business.

#### 2. PAYMENT OF REGISTRATION FEE:

The fee shall be made at the time of application payable to the City of Bowling Green. The daily fee shall be based on the number of employees or representatives working in the City or City Annex and shall be set at the following rates:

**Transient Contractors:** Any entity meeting this definition shall pay a daily fee of \$12.50 if there are three (3) employees/representatives or less with a minimum fee of \$50.00 covering four (4) consecutive days. The daily fee shall be \$25.00 if there are 4-15 employees/representatives with a minimum fee of \$100.00 covering four (4) consecutive days or \$37.50 if there are 16 or more employees/representatives with a minimum fee of \$150.00 covering four (4) consecutive days.

**Transient Professional Services:** Any entity meeting the definition of transient professional services shall first pay to the City a daily fee based on the number of employees/representatives working in the City. The daily fee shall be \$12.50 if there are three (3) employees/representatives or less, with a minimum fee of \$50.00 covering a period of four (4) consecutive days. The daily fee shall be \$25.00 if there are four (4) or more employees/representatives, with a minimum fee of \$100.00 covering a period of four (4) consecutive days. Include a copy of your contract.

**Transient Business:** Any entity meeting this definition and having a six (6) month or less lease on a properly zoned building shall pay a daily fee of \$2.50 if there are three (3) employees/representatives or less with a minimum fee of \$10.00 covering four (4) consecutive days. The daily fee shall be \$5.00 if there are four (4) or more employees/representatives with a minimum fee of \$20.00 covering four (4) consecutive days. Include a copy of your contract.

**Peddlers:** Any entity meeting this definition shall pay a daily fee of \$25.00 if there are three (3) employees/representatives or less with a minimum fee of \$100.00 covering four (4) consecutive days. The daily fee shall be \$50.00 if there are four (4) or more employees/representatives with a minimum of \$200.00 covering four (4) consecutive days. **Any peddler that is not conducting business door-to-door must also provide written proof or permission from the property owner in addition to photo identification for each representative working in Bowling Green.**

**MAIL COMPLETED APPLICATION WITH PAYMENT TO:** Occupational License Division, P O Box 1410, Bowling Green, KY 42102-1410 or bring to the City Hall Annex located at 1017 College Street. If you have questions, please phone (270) 393-3000 and ask to speak to someone in the License Division or you may fax the application to a secure location at (270) 393-3636. Visit our website at [www.bgky.org](http://www.bgky.org)



\* For Office Use Only  
\* Acct. # \_\_\_\_\_  
\* Source Code \_\_\_\_\_

**CITY OF BOWLING GREEN, KENTUCKY**  
**REGISTRATION APPLICATION FOR TRANSIENT**  
**PROFESSIONAL SERVICES, BUSINESSES, PEDDLERS AND CONTRACTORS**

1017 College Street \* P. O. Box 1410 \* Bowling Green, KY 42102-1410  
Ph. (270) 393-3000 \* Fax (270) 393-3636 \* Email [www.bgky.org/license.htm](http://www.bgky.org/license.htm)

**THIS BUSINESS HAS BEEN REGISTERED IN THE PAST WITH OUR OFFICE:**  YES  NO

Business Name: \_\_\_\_\_

Job Site or Business Address (No PO Box):  
\_\_\_\_\_

Local Phone: \_\_\_\_\_ Local Fax: \_\_\_\_\_

Description of your activity in Bowling Green: \_\_\_\_\_

Local Manager/ Representative/ Foreman: \_\_\_\_\_ Cell: \_\_\_\_\_

Start Date in Bowling Green: \_\_\_\_\_ End Date: \_\_\_\_\_

See Instructions for payment calculation:

# Employees/Representatives in BG \_\_\_ # Actual Days on Site \_\_\_ **X** Daily Rate of \$ \_\_\_\_\_ \$ \_\_\_\_\_ **Fee Due**

Check Entity Type:  Individual,  Partnership,  Corporation,  LLC,  Limited Liability Partnership  
 Other \_\_\_\_\_  Non-Profit, *must attach IRS acknowledgement of tax exempt status*

General Mailing Name & Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax No.: \_\_\_\_\_  
Email Address: \_\_\_\_\_

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

Print Applicant Name: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_  
(First) (MI) (Last) (Title) (Date)

Print Applicant Name: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_  
(First) (MI) (Last) (Title) (Date)

**CITY OF BOWLING GREEN, KENTUCKY TRANSIENT APPLICATION (Continued)**

**THIS INFORMATION IS CONFIDENTIAL & NOT SUBJECT TO OPEN RECORDS**

Social Security No. of Business Owner: \_\_\_\_\_ Business Federal ID Number: \_\_\_\_\_

General Mailing Name & Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Office Name & Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Owner/Partner/Corporate Officer information to be completed: (attach separate list if necessary)**

Full Legal Name: \_\_\_\_\_  
(First) (MI) (Last)

Full Legal Name: \_\_\_\_\_  
(First) (MI) (Last)

Residence: \_\_\_\_\_

Residence: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security No: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Check if Minority Owned Business: (Optional, for statistical purposes only)  
Female, Male, White, Black, Asian, Hispanic, American Indian

**Checklist:**

1. Have you included a completed credit/debit card remittance form or check payable to the City of Bowling Green?
2. Have you answered each question fully?
3. Have you signed your application certifying that all information is true and correct?
4. Do you have proper identification if requested at time of application?
5. Have all additional required documents been attached?
6. Have you given an accurate description of your product being sold or your service?

Credit card information is not retained in our files.



**THIS INFORMATION IS CONFIDENTIAL & NOT SUBJECT TO OPEN RECORDS**

Business Name \_\_\_\_\_

Please bill my  VISA  MasterCard  Discover Account # \_\_\_\_\_

Expiration Date: \_\_\_\_-\_\_\_\_-\_\_\_\_ Security Code (3 digits on back of card)

For the amount of \$ \_\_\_\_\_

Authorized Signature as it appears on card: \_\_\_\_\_

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

Name \_\_\_\_\_ Company if applicable: \_\_\_\_\_

\_\_\_\_\_  
Street Address or Post Office Box City State Zip Code

*City forms with this page may be faxed to a secure location at 270.393.3636*

*If mailing this form use address below:*

*City of Bowling Green  
P. O. Box 1410  
Bowling Green, KY 42102-1410*