



## **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 or a recognized by the IRS as a non-profit organization in 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 applicant shall be authorized to do business. This application and the fees described apply to entities conducting business in the City or City Annex 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 or adding an additional dba or an assumed name 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 or the City Annex would constitute regular visits but does not own its business site in the City Limits or City Annex or does not have a valid lease for its business site in the City or City Annex 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 Email: [www.bgky.org/license.htm](http://www.bgky.org/license.htm)

**Registration Fee: \$50.00 A Cash Bond may be required. Refer to Section 3 of 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 Business Address within Bowling Green City Limits (No P O Box):  
\_\_\_\_\_

*If entity has other locations in Bowling Green attach list of street addresses*

Are you the business owner of this property?  Yes  No If no, have you attached copy of lease?

Fax Number: \_\_\_\_\_ Start date in BG: \_\_\_\_\_

Local Manager/Rep: \_\_\_\_\_ Description of Business: \_\_\_\_\_

Will you have payroll employees working in Bowling Green?  No  Yes # of Employees: \_\_\_\_\_

Will you have contract (1099) labor in Bowling Green?  Yes  No

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

Limited Liability Company filing as: Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

*Identification of business applicant may be requested.*

Other \_\_\_\_\_  Non-Profit *must attach IRS acknowledgement of tax exempt status*

Check if applicable to this business:  Alcohol Sales  Live Entertainment

**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)

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

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: \_\_\_\_\_

General Mailing Name & Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_  
Fax No.: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Home Office Name & Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_  
Fax No.: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Address to mail *Quarterly Employee Withholding Return* if different from General Mailing Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_  
Fax No.: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Address to mail *Net Profit License Fee Return* if different from General Mailing Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_  
Fax No.: \_\_\_\_\_  
Email Address: \_\_\_\_\_

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

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

**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*

**Checklist:**

1. Have you completed the credit/debit card remittance form or a 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 you attached a signed/valid copy of your deed or lease?
6. Have all additional required documents been attached?
7. Have you given an accurate description of your product being sold or your service?
8. Have you indicated if your business will have Alcohol Sales or Live Entertainment at your business?