

Mailing Address: City of Murray
Attn: Occupational Tax
P.O. Box 1056
Murray, KY 42071
Telephone (270) 762-0300 - www.murrayky.gov

FORM
BL 1



BUSINESS LICENSE APPLICATION

A Business License is required for anyone who operates a business or performs work within the Murray City Limits.

Check One: \_\_\_ New Business \_\_\_ Secondary Business/Additional Location
\_\_\_ New Owner/Transfer \_\_\_ Information Change(s)

Legal Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Operating Name (DBA): \_\_\_\_\_

Owner(s): \_\_\_\_\_ Email: \_\_\_\_\_

Business Address: \_\_\_\_\_ Booth #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Is this address a Residence? \_\_\_ Yes \_\_\_ No

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Check Ownership Type: \_\_\_ Sole Proprietor \_\_\_ Partnership \_\_\_ Corporation \_\_\_ LLC \_\_\_ LLP

On-Site Manager: \_\_\_\_\_

Business Identification # (Tax ID#, EIN, or last 6 SSN): \* \_\_\_\_\_ NAIC # \_\_\_\_\_

\*A separate application is needed for all businesses that operate under the above business identification number.

If Non-Profit, Tax Exempt # \_\_\_\_\_ Open/Start Work Date: \_\_\_\_\_

Describe Type of Business: \_\_\_\_\_

Will you have any signage on the premises or at any work site? \_\_\_ Yes \_\_\_ No

Emergency Contact Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

What do you estimate your yearly net profit sales to be? \_\_\_ \$0 - \$300,000 \_\_\_ \$300,001 - \$600,000 \_\_\_ \$600,001 - Greater

Affidavit of Gross Rental Income will need to be completed in order to qualify for rates associated with ranges listed below:

If you operate rental property - Gross Rental Income: \_\_\_ \$0 - \$10,000 \_\_\_ \$10,001 - \$25,000

Accounting Period: Calendar Year \_\_\_\_\_ Fiscal Year \_\_\_\_\_ Please specify beginning of year \_\_\_\_\_

Do you have W2 employees working in Murray? Yes \_\_\_ No \_\_\_ Estimated number of W2 employees? \_\_\_\_\_

If yes, under what company name is payroll paid? \_\_\_\_\_

Do you have 1099 employees working in Murray? Yes \_\_\_\_\_ No\_\_\_\_\_ (If so please attach a copy of 1099's)

Estimated number of 1099 Employees \_\_\_\_\_ If you are a general contractor will you be using subcontractors? Yes\_\_ No\_\_

If you answered yes, you must provide a list of subcontractors to the City of Murray.

Murray location(s) and phone number if different from above \_\_\_\_\_

Do you lease the property where the business is located? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, provide owner's name and phone number \_\_\_\_\_

**Payroll Tax Withholding Requirement:**

The City of Murray imposes an occupational tax of 1% of all gross earnings earned by an employee who receives a W2 for work performed and services rendered in the city limits of Murray. This applies to every resident and non-resident who works in Murray. It is the responsibility of each employer to withhold this tax and pay on the required periodic basis. Employers who fail to withhold or pay the tax to the City shall be personally liable to the City for any sums due, unless exempt to be withheld.

\*\*\*If this is a first time submittal of an Occupational Tax Application, please include a check for a one-time \$25.00 fee\*\*\*

Please provide contact information below for person completing this application:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**\*\*PLEASE NOTE\*\*** It is the applicant's responsibility to inform the City of Murray of any changes in ownership, addresses, number of employees or termination of business activity. The undersigned (business) agrees to be responsible for all collection costs and attorney's fees in connection with any delinquent account.

*I declare under penalty of perjury that the above application is true and correct to the best of my knowledge. I certify that I will operate my business in accordance with all applicable federal, state, and city laws and regulations and permit enforcement authority onto business property of such laws and regulations.*

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICIAL USE ONLY**

Zoning Location: \_\_\_\_\_ CUP Required: \_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_ Signage: \_\_\_\_\_Yes \_\_\_\_\_No Fire Inspection Fee: \$ \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_ Fire Inspection Invoice #: \_\_\_\_\_

Classification: \_\_\_\_\_ Fee Amount:\$ \_\_\_\_\_ Business License #: \_\_\_\_\_

Comments: