



**BUSINESS LICENSE APPLICATION**

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

**Business Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_

**Emergency Contact Name, Number & Address:** \_\_\_\_\_

\_\_\_\_\_

**Business Owner:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Property Owner:** \_\_\_\_\_

**Or Work Site**

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

\*\*\*\*\*

**OFFICE USE ONLY:**

**DATE OF APPLICATION:** \_\_\_\_\_

**ZONE OF BUSINESS LOCATION:** \_\_\_\_\_

**PLANNING & ZONING APPROVED:** \_\_\_\_\_

**BUSINESS LICENSE NUMBER:** \_\_\_\_\_

**DATE OF BUSINESS LICENSE:** \_\_\_\_\_

**FAXED BACK TO CITY HALL:** \_\_\_\_\_

104 N. 5<sup>th</sup> Street, Suite B, Murray, KY 42071  
Telephone: (270) 762-0350 Facsimile: (270) 762-0306

[www.murrayky.gov](http://www.murrayky.gov)