

CITY OF MURRAY

Mailing Address: City of Murray
Attn: Business License
P.O. Box 1236
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)

Business Name: _____ Phone: _____

(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.

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: _____			