

CITY OF WILLIAMSTOWN
APPLICATION FOR OCCUPATIONAL LICENSE
400 North Main Street
P.O. Box 147
Williamstown, KY 41097
859-824-3633

1. Business Name: _____
2. Address at which business is located: _____
3. Will business be operated from home: _____ YES _____ NO
4. Business mailing address (if different from above): _____
5. Business Telephone Number: _____
6. State Tax Identification Number: _____
7. Owner(s) of Business: If an individual, give name, date of birth, residence address, home telephone number and Social Security number; if partnership, give same as above for each partner; if a corporation, give name for President, Vice-President, Secretary, and Treasurer.

NAME	DOB	TITLE	ADDRESS	S.S.#

8. List a duly authorized representative of the business who is responsible for operating and managing the business in the City:
Name: _____ DOB: _____ S.S. #: _____
Title: _____ Residence: _____
Home Telephone #: _____ Night Emergency #: _____

9. Describe in full the operations and activities of the business:

10. Date business began or will begin operation in the City of Williamstown: _____

11. What are the day and hours of "normal" business operations: _____

12. Have any of the persons listed in items 8 or 9 above ever had an occupational license or similar business license denied, or revoked or suspended in this City or any other City of State? _____ yes _____ no
If yes, explain: _____

13. Have any of the persons listed in items 8 or 9 above ever been convicted of a felony, or a misdemeanor for which a jail sentence may be imposed, or any crime which involve moral turpitude, or any other crime which directly relates to a business of the type described in Item 9 above: _____ yes _____ no

14. Are hazardous material or guard dogs, pets or other animals at the premises? If so, specify. Give any other information about the premises, which would be necessary or helpful to emergency personnel responding to a call there: _____

WARNING: Statements made in this application are subject to verification and false or intentionally misleading Statements may be cause for denial of the license applied for or, if a license is granted, revocation thereof upon discovery.

I hereby certify that I am duly authorized to act for the applicant and that the statements contained on this application are true and complete.

Signature

Date

OFFICE USE ONLY (DO NOT WRITE BELOW THIS LINE)

Issuance of a license is: _____ Approved _____ Approved conditionally (conditions attached)
_____ Denied (notification to applicant attached)

Zoning Administrator Date

Chief of Police Date