

City of Brandenburg
P.O. Box 305, 737 High Street
Brandenburg, KY 40108
Phone: 270-422-4981 Fax: 270-422-4983

Application for Business License

YEARLY LICENSE FEE: \$40.00 per Fiscal Year July 01 through June 30

Date: _____

Business Name: _____

Type of Business: _____

Business Address (street & mailing): _____

Business Phone Number: _____

Business Emergency Number: _____

Applicant's Name: _____

Address: _____

Applicant's Home Phone: _____

Date of Birth: _____ Social Security #: _____

Employer FED ID #: _____ KY Sales Tax #: _____

Intended Length of Operation: _____ Permanent _____ Temporary

Business is located on property/office space that is:

_____ Owned _____ Leased

If Leased, provide Owner's Name, Address and Phone Number:

SPECIAL NOTE: IF YOU ARE APPLYING TO OPERATE A BUSINESS ASSOCIATED WITH ANY TYPE OF MEDICAL CARE, CHILD CARE, ADULT CARE, PHYSICAL OR MENTAL ASSISTANCE, PHARMACUTICAL, ETC. A COPY OF THE STATE LICENSING DOCUMENT(S) MUST BE RETURNED WITH THIS APPLICATION.

I/WE, THE OWNER/OPERATOR OF THE ABOVE DESCRIBED BUSINESS HEREBY ACKNOWLEDGE THAT ANY VIOLATIONS ON OUR PART IN REGARD TO FEDERAL, STATE OR CITY OF BRANDENBURG LAWS OR ORDINANCES WILL BE A CAUSE FOR REVOCATION OF BUSINESS LICENSE. IT IS FURTHER AGREED AND UNDERSTOOD THAT ALL LEGAL FEES, INCURRED BY THE CITY OF BRANDENBURG WILL BE THE RESPONSIBILITY OF THE BUSINESS OWNER/OPERATOR.

Applicant Signature: _____

Owner/Operator Signature: _____

Date: _____

FOR OFFICIAL USE ONLY

DATE ACTED ON BY CITY COUNCIL: _____

ACTION TAKEN: _____

LICENSE ISSUED: _____ **LICENSE DENIED:** _____

REMARKS:

LICENSE #: _____ **ISSUE DATE:** _____ **EXPIRATION DATE:** _____

SIGNATURE: _____

TITLE: _____



EMERGENCY CONTACT INFORMATION

Business Name: _____

Business Address: _____

Business Phone (daytime operation) ___ - ___ - ____

Owner/Manager: _____

Emergency Contact Person: _____

Emergency Contact Number: ___ - ___ - ____ ___ - ___ - ____

Does your business have an alarm system? Yes or No

If yes, please list the following:

If alarm is activated, who is the name of the key holder to be notified?

Alarm Company Name _____

Alarm Company Contact Number ___ - ___ - ____

*****IF ANY OF THIS INFORMATION CHANGES PLEASE CONTACT/NOTIFY US AS SOON AS POSSIBLE*****