

**CITY OF BRANDENBURG  
P O BOX 305, 737 HIGH STREET  
BRANDENBURG, KENTUCKY 40108**

Phone: 270-422-4981

FAX: 270-422-4983

**APPLICATION FOR BUSINESS LICENSE**

YEARLY LICENSE FEE: \$100.00 per Fiscal Year July 01 through June 30.

DATE: \_\_\_\_\_ ZONING OF PROPERTY \_\_\_\_\_

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

IS BUSINESS LOCATED ON PROPERTY/OFFICE SPACE THAT IS:  
\_\_\_\_\_ OWNED \_\_\_\_\_ LEASED. IF LEASED, GIVE 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, PHARMACEUTICAL, 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: \_\_\_\_\_

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**FOR OFFICIAL USE ONLY**

DATE ACTED ON BY CITY COUNCIL: \_\_\_\_\_

ACTION TAKEN: \_\_\_\_\_ LICENSE ISSUED \_\_\_\_\_ LICENSE DENIED \_\_\_\_\_

REMARKS: \_\_\_\_\_

LICENSE #: \_\_\_\_\_ ISSUE DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

# Brandenburg City Police Department

<https://brandenburg.ky.gov/police-department/>



## 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\*\*\***