

ACCOUNT ID# \_\_\_\_\_  
 C3 20 \_\_\_\_\_ NEW C2 20 \_\_\_\_\_  
 NAICS CODE \_\_\_\_\_  
 NOTICE# \_\_\_\_\_  
 INITIAL \_\_\_\_\_ DATE \_\_\_\_\_

**IMPORTANT! ZONING OR OTHER PERMIT MAY BE REQUIRED BEFORE YOU BEGIN BUSINESS ACTIVITY. CONTACT CITY OR COUNTY ON REVERSE AS NEEDED FOR DETERMINATION.**

1. Check one: \_\_\_\_\_ New Application or \_\_\_\_\_ Adding a city license to account # \_\_\_\_\_  
 2. Check below any city where business is conducted: Make check payable to "Campbell County Fiscal Court"

Total \$ \_\_\_\_\_ X \$25 Campbell Co \_\_\_\_\_ \$100 Alexandria \_\_\_\_\_ \$25 Cold Spring \_\_\_\_\_ \$25 Fort Thomas  
 \_\_\_\_\_ \$75 Highland Heights \_\_\_\_\_ \$50 Melbourne \_\_\_\_\_ \$35 Southgate \_\_\_\_\_ \$50 Woodlawn

Every business or individual subject to the Campbell County Occupational License Ordinance is required to complete this application and return it to the Campbell County Fiscal Court Occupational License Inspector.

According to an opinion (OAG 85-1) of the Kentucky Attorney General, the responses that you make to questions 4, 5, 6 and 7 below are to be provided to anyone upon request, pursuant to "Kentucky Open Records Law." **WARNING:** Statements in this application shall be made under oath, or by affirmation or by any other legally authorized manner of attesting to the truth of such statement. Any false statements made herein shall be punishable according to law.

3. Check One:  Individual / Sole Proprietor (please note on Line 4 if an LLC)  
 Partnership (attach a list of general partners names, home addresses & SSN)  
 Corporation (attach a list of officers names, home addresses & SSN)  
 Non-Profit Organization (attach IRS determination of status)

*READ CAREFULLY  
 INSTRUCTIONS ON REVERSE  
 TYPE OR PRINT LEGIBLY*

4. Legal Business Name: \_\_\_\_\_  
 5. Trade Name or DBA (if other than #4 above): \_\_\_\_\_  
 6. Brief Description of Business Activity: \_\_\_\_\_

**7. Primary Business Address or Corporate Headquarters:**  
 No P.O. Box  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone ( ) \_\_\_\_\_

**8. Campbell County, Kentucky Business Locations (Record other locations on reverse side):**  
 No P.O. Box  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone ( ) \_\_\_\_\_

**9. Mailing Address for Quarterly Payroll Withholding Forms (Employers Only):**  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone ( ) \_\_\_\_\_

**10. Mailing Address for Annual Business Return**  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone ( ) \_\_\_\_\_

11. Federal ID No.   -        AND/OR Social Security No.    -   -     (Individual/Sole)

12. Provide the current tax year-end month, if not December (must be the same as "federal"):

13. When did or will you start operating a business in Campbell County (whether inside or outside a city)? Mo   Day   Yr

14. When did or will you first pay employees for working in Campbell County and Cities? Mo   Day   Yr   I have no employees.

15. Do you or will you use "leased" employees? Yes  No  If yes, include name, address and phone of leasing agency: \_\_\_\_\_

16. Do you or will you use independent contractors? Yes  No  If yes, attach list with name, address and phone number of contractors \_\_\_\_\_

17. If business was obtained from a previous owner, or a change in the type of organization has occurred:

Give date of acquisition or change. \_\_\_\_\_

Give name of previous owner or organization. \_\_\_\_\_

Give former trade name, if any \_\_\_\_\_

18. Will any part of business activities be performed from your home? Yes  No  WndwCust \_\_\_\_\_ CrdtCrd \_\_\_\_\_ Chk# \_\_\_\_\_

**19. SIGNATURE:**  
 I hereby certify that I am duly authorized to act for the applicant and the statements contained herein are true and complete. Verification will be issued upon processing completed application.  
 If individual sign your name: X \_\_\_\_\_  
 If partnership signature of general partner: \_\_\_\_\_  
 If corporation signature of corporate officer and title: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 (For LLC, LLP & Corporations: List ON REVERSE the Names, Addresses and Social Security Numbers of Officers /Partners OR attach separate sheet)

**For Partnerships, Corporations & S-Corporations: List the Names, Addresses and Social Security Numbers of Officers and Partners (or attach a separate sheet containing the information).**

**8. Campbell County, Kentucky Business Locations (Continued from #8 on Front Side) Attach additional list as necessary: No P.O. Box**

Contact Name: \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_ Zip \_\_\_\_\_ Tel. ( ) \_\_\_-\_\_\_

Contact Name: \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_ Zip \_\_\_\_\_ Tel. ( ) \_\_\_-\_\_\_

Contact Name: \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_ Zip \_\_\_\_\_ Tel. ( ) \_\_\_-\_\_\_

*Instructions for Filing the Occupational License Application*

**General Information:** Any business operating in Campbell County, Kentucky is required to complete this occupational license application (ref. Ordinance R-34-78, as amended). Campbell County Fiscal Court serves as the Occupational Tax collection agent for the Cities of Alexandria, Cold Spring, Fort Thomas, Highland Heights, Melbourne, Southgate and Woodlawn, Kentucky. Any business operating in a city is required to obtain an occupational license for that City as well as the County. Contact the Occupational License Office for more information or access our website [www.campbellcountyky.org/occllic.htm](http://www.campbellcountyky.org/occllic.htm).

**Instructions:** Any Occupational License Application that is incomplete and/or incorrect will be returned to the applicant. Please be sure to review the Occupational License Application to ensure that all requested information is included. Incomplete License Applications will be returned and this may result in a delay in the processing of the Occupational License. The license application fee is non-refundable.

- 1, 2. The License application fee for Campbell County is \$25. If the business is operating in any city, the fee for Campbell County must also be checked and paid. The fees will be credited against the business' annual tax/fee liability for the tax year. Non-profit organizations are required to complete the license application, but will be **exempted** from the Annual Net Profit License Fee **only** if they attach a copy of the IRS Non-Profit Determination.
3. Check the box that describes the form of business organization. Attach any required documentation to the application.
4. Fill in the complete legal business name of Individual, Partnership, Corporation or Company.
5. Fill in the trade name or the name the company will conduct business under in Campbell County, Kentucky.
6. Give a brief description of business activity (ex: grocery store; drug store; restaurant).
7. Fill in the complete **primary** business address or corporate headquarters address with a contact person. No P.O. Box.
8. Fill in the complete **physical** address of the business location in Campbell County, Kentucky (if applicable). No P.O. Box.
9. Fill in the complete **mailing** address to send **Quarterly Payroll Withholding Forms (for employers only)**.
10. Fill in the complete **mailing** address to send **Annual Occupational Tax Return Forms**.
11. Corporations and Partnerships fill in the business Federal Employer Identification Number, one number to a box. Individuals/Sole Proprietors fill in their Social Security Number, one number to a box.
12. Businesses must indicate the **LAST MONTH** of the corporate fiscal year, if other than December (must be the same as "federal").
13. Enter the date on which the business began or will begin in Campbell County Kentucky (whether within or outside a City corporate limit(s)).
14. Enter the date on which the business paid or will pay employees for work in Campbell County, Kentucky.
15. If the business will use leased or temporary employees, provide the name, address and phone number of the leasing or temporary agency.
16. Check whether business uses independent contractors and list name, address and phone number of the independent contractor(s).
17. Indicate if the business was obtained from another owner or a change in organization occurred and provide information as requested.
18. Indicate whether any part of the business will be performed in a private residence.
19. **SIGNATURE BOX: MUST INCLUDE Signature, Printed name, Title and Date.**  
 If the license application is for an individual or sole-proprietor, the individual must sign and date the form.  
 If the license application is for a partnership, a general partner must sign and date the form.  
 If the license application is for a corporation, a corporate officer must sign, include their title, and date the form.

**Attach a check payable to "Campbell County Fiscal Court" and mail with application and attachments to:  
 Campbell County Fiscal Court • Occupational License Dept • PO Box 72958 • Newport, KY 41072**

City Zoning Department Telephone (ALL AREA CODE 859)			
Campbell County Tax Partnership Cities		Other Campbell County Cities	
Alexandria	635-4125	Bellevue	431-8888
Cold Spring	441-9604	California	292-3880
Fort Thomas	441-1055	Crestview	292-3880
Highland Heights	441-8575	Dayton	491-1600
Melbourne	292-3880	Mentor	292-3880
Southgate	292-3880	Newport	292-3637
Woodlawn	292-3880	Silver Grove	292-3880
		Wilder	581-8884