

CITY OF CRITTENDEN APPLICATION FOR OCCUPATIONAL LICENSE

Licensing period: ... _____, 20____ to June 30, 20____

Complete This Application in Full. Provide Accurate Responses To All Entries and Questions. Attach Additional Pages, if Necessary.

1. Applicant's Business Name:

2. Applicant's Business Address:

3. Applicant's Business Telephone Number & Area Code:

(____) _____

4. Applicant's City of Crittenden Address and Telephone Number:

Telephone Number: _____

5. Applicant's Emergency Contact Telephone Number:

(____) _____

6. Under What Mode of Business Organization Do You Operate?

() Proprietorship () Partnership/Firm () Joint Venture

() Corporation () Other: _____

7. Briefly State the Nature of Your Principle Business Activity.

8. Does Your Business Engage in Business Activities in Addition to the "Principle" Activity Enumerated Above? If So, Briefly Describe Such Activities:

9. How Many Employees, Full-Time, Part-Time and Those Employed in a Job Program Does Your Business Employee in the Operation of Your Business Activity Within the City of Crittenden?

Number of Employees: _____

10. In Your Business, Do You Use, Store or Produce Any Chemicals?
Answer: () Yes. () No. If "yes", Identify the Chemicals

11. Does Your Business Activity/Activities produce Any Manner of Product, By-Product or Substance Classified as "Dangerous" or "Hazardous" Substance or which is Classified as "Infectious" Waste?

Answer: () Yes () No. If "Yes", Identify the Classified Substance or Waste Product Generated and Explain how the Same is Collected and Disposed of:

12. What are the Days and Hours of "Normal" Business Operations?

13. If Known, What is the Zoning Classification of Your Property?

14. Are there any Facts or Information Concerning Your Business which Need to be Presented Herein to the City of Crittenden for "Special" Attention by the City's Police Dept., Fire Dept., or Public Works Dept.?

Answer: ()Yes ()No. If "Yes", Provide such Information.

The Undersigned Applicant, Under Penalty Of Perjury, States And Duly Certifies That The Foregoing Information Set Forth On This Application And Any Attachments Thereto Is True And Correct.

Business Name: _____

By: _____
(Title)

Date: _____

Use Rate Schedule Below To Determine Amount Due.
Retail and Wholesale Business as per Rate Schedule:

OWNER OPERATED, NO EMPLOYEES.....	\$ 28.00
1, 2, OR 3 EMPLOYEES.....	43.00
4, 5, 6, 7, 8, 9 OR 10 EMPLOYEES.....	83.00
OVER 10 EMPLOYEES.....	113.00
EACH COIN MACHINE.....	15.00
SELLING OR UNLOADING.....	28.00

CONTRACTORS AND PROFESSIONALS SHALL USE THE EMPLOYEE SCALE.
Make checks payable to the City of Crittenden.

P.O. BOX 207
104 NORTH MAIN STREET
CRITTENDEN, KY 41030
(859) 428-2597 Fax 428-2419