

INITIAL APPLICATION  
CITY OF WEST POINT  
MINIMUM LICENSE FEE

Name of Owner \_\_\_\_\_

Business Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Business Address \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(If different from above)

Federal I. D. Number \_\_\_\_\_

Type of Business \_\_\_\_\_

Have All Other City, County & State Requirements Been Met? \_\_\_\_\_

Number of Employees \_\_\_\_\_

Accounting Period: Calendar Year \_\_\_\_\_ Fiscal Year Ending \_\_\_\_\_

It is understood that the City of West Point has an occupational license fee on net profits from business conducted within the City. A minimum license fee must be paid and an annual return filed whether or not the business has shown a profit. It is also understood that the license fee must be withheld from earnings of employees and remitted to the City quarterly.

It is further understood that the City has the right to withhold issuance of an initial business license or revoke a current business license should it come to it's attention that the applicant's place of business is in violation of any of the requirements of the City's Zoning & Subdivision Ordinance. In some instances, particularly in the instance of new usage, a release form from the City of West Point Planning and Zoning Commission may be required as a part of this application in order for a license to be issued.

Date \_\_\_\_\_ Owner's Signature \_\_\_\_\_

Mail to:  
City of West Point  
509 Elm Street  
West Point, KY 40177

**FOR OFFICE USE ONLY**

\*\*\* Verification of Proper zoning

City I.D. No. Assigned \_\_\_\_\_

Initials \_\_\_\_\_

Date \_\_\_\_\_

Business Release No. \_\_\_\_\_

Please return white copy with your remittance of \$40.00.

Yellow copy is for your files.