

City I.D.
Number Assigned _____

**RENEWAL
APPLICATION**

CITY OF WEST POINT

MINIMUM LICENSE FEE

Name of Owner _____

Business Name _____ Phone No. _____

Address _____

Federal I. D. Number _____

Type of Business _____

Number of Employees _____

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 a 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.

Date _____ Owner's Signature _____

Mail to:

City of West Point
509 Elm Street
West Point, KY 40177