

# City of Winchester

## LICENSE APPLICATION FOR NEW ISSUE OR RENEWAL



**ANSWER ALL QUESTIONS APPLICABLE TO YOUR BUSINESS. IF YOUR BUSINESS IS SOLD OR RELOCATED, YOU MUST NOTIFY THE CITY. LICENSE YEAR RUNS FROM MAY 1 TO APRIL 30. ALL BUSINESS LICENSES ARE PRORATED IF WORK OR BUSINESS BEGINS AFTER MAY 31 EACH YEAR. PLEASE READ THIS FORM THOROUGHLY.**

**BUSINESS NAME:** \_\_\_\_\_

**FEDERAL I.D NO./SOCIAL SECURITY NO:** \_\_\_\_\_

**PHYSICAL LOCATION:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TYPE OF BUSINESS:** CORPORATION (    ), PARTNERSHIP (    ), PROPRIETORSHIP (    ), LLC (    ), LLP (    )

**IS THIS LOCATION ZONED FOR YOUR PROPOSED BUSINESS?** \_\_\_\_\_ **BUSINESS PHONE:** \_\_\_\_\_

**IF NEW BUSINESS, DATE BUSINESS STARTED** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**OFFICE USE ONLY:**

ACCOUNT NO. \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

DATE PAID: \_\_\_\_\_ AMOUNT PAID: \_\_\_\_\_

CLASSIFICATIONS: \_\_\_\_\_

<b>SECTION 1</b> <b>GENERAL BUSINESS LICENSES</b>	<b>SECTION 2</b> <b>CONTRACTORS: GENERAL REG/SUBS</b>	<b>GENERAL INFORMATION FOR CONTRACTORS CATEGORIES/LICENSE FEES</b> (Circle One)
<p>NATURE OF BUSINESS-PLEASE BE SPECIFIC: _____</p> <p>NAME OF PRINCIPAL OWNERS: _____</p> <p>NO. OF EMPLOYEES IN CITY: _____ NOT INCLUDING YOUR SELF, NO. WORKING MORE THAN 20 HRS WEEK: _____</p> <p><b>PLEASE LIST IF APPLICABLE:</b></p> <p>HOTEL/MOTEL ETC.: NO. UNITS _____</p> <p>BILLIARDS: NO. TABLES: _____</p> <p>FUEL FILLING STATIONS NO. PUMPS: _____</p> <p>WRECKER OR REPAIR SERVICE? _____</p> <p>BOWLING ALLEY: NO. LANES _____</p> <p>DAY CARE CENTERS: NO. ENROLLED _____</p> <p>NURSING HOMES ETC: NO. BEDS _____</p> <p>TRAILER PARKS: NO. SPACES _____</p>	<p>NATURE OF BUSINESS-PLEASE BE SPECIFIC: _____</p> <p>NAME OF PRINCIPAL OWNERS: _____</p> <p>NO. OF EMPLOYEES IN CITY: _____</p> <p>IF SUBCONTRACTOR, GIVE NAME AND ADDRESS OF GENERAL CONTRACTOR: _____</p> <p><b>TERM OF LICENSE</b> 30 DAY LICENSE: _____ ANNUAL LICENSE: _____</p> <p style="text-align: center;"><b>GENERAL CONTRACTORS MUST SUBMIT NAMES AND ADDRESSES OF ALL SUB-CONTRACTORS USED ON JOB.</b></p>	<p><b>A. GENERAL BUILDING &amp; CONSTRUCTION CONTRACTOR:</b> INDIVIDUAL OR FIRM THAT BUILDS OR CONSTRUCTS THE PROJECTS OR OVERSEES OR SUBCONTRACTS THE BUILDING OR CONSTRUCTION <b>SEE: \$40.00 PER 30 DAYS</b> <b>\$240.00 PER YEAR</b></p> <p><b>B. SUB/REGULAR CONTRACTOR:</b> INDIVIDUAL OR FIRM THAT DOES ANY OR ALL OF THE FOLLOWING: ELECTRICAL, REMODELING, MASONRY, PAINTING, HEATING &amp; AIR, ETC. <b>SEE: \$20.00 PER 30 DAYS</b> <b>\$120.00 PER YEAR</b></p> <p><b>C. HANDYMAN:</b> INDIVIDUAL DOING PART-TIME CONSTRUCTION, HAS NO EMPLOYEES, DOES NOT ADVERTISE NO JOB EXCEEDS \$100.00 <b>SEE: \$42.00 PER YEAR</b></p>
<b>SECTION 3</b> <b>BEAUTICIANS/BARBERS</b>	<b>SECTION 4</b> <b>SALES AGENTS/SOLICITATION</b>	<b>SECTION 5</b> <b>REAL ESTATE SALES</b>
<p><b>SHOP OWNER</b></p> <p>NAME _____</p> <p>NUMBER OF CHAIRS _____</p> <p>NUMBER OF EMPLOYEES _____</p> <p>NUMBER OF TANNING BEDS _____</p> <p><b>INDIVIDUAL</b></p> <p>NAME _____</p> <p>NAME &amp; ADDRESS OF SHOP WHERE WORKING _____</p>	<p>NAME OF PRINCIPAL SOLICITOR: _____</p> <p>SS NO. : _____</p> <p><b>WHERE YOU CAN BE REACHED WHILE WORKING IN THE CITY</b></p> <p>TELEPHONE NO: _____</p> <p>ADDRESS: _____</p> <p>VEHICLE BEING USED: MAKE _____ MODEL _____</p> <p>LICENSE NO. _____</p> <p>WORK START DATE: _____</p> <p>WORK END DATE: _____</p> <p><b>PLEASE SUBMIT LIST OF ADDITIONAL WORKERS, SEPARATELY OR ON BACK</b></p>	<p><b>REALTOR/BROKER/AUCTIONEER</b></p> <p>NO. OF EMPLOYEES (NOT INCLUDING AGENTS ) _____</p> <p>AUCTIONEER: YES _____ NO _____</p> <p><b>PLEASE SUBMIT LIST OF SALES AGENTS, SEPARATELY OR ON BACK</b></p> <p><b>SALES AGENTS</b></p> <p>REALTOR/BROKER NAME &amp; ADDRESS: _____</p> <p>AUCTIONEER: YES _____ NO _____</p>

<b>SECTION 6</b> <b>VENDING MACHINES</b>	<b>GENERAL INFORMATION</b>
<p><b>ISSUED STICKERS MUST BE PLACED ON FRONT OF MACHINE IN PLAIN VIEW</b></p> <p><b>NUMBER OF MACHINES:</b> CANDY _____ FOOD _____ SODA _____</p> <p>CIGARETTE _____ AMUSEMENT _____ LAUNDRY _____</p> <p>LOCATION OF MACHINES / NUMBER: _____</p> <p>_____</p> <p>_____</p> <p><b>PLEASE SUBMIT OWNERS NAME AND ADDRESS , SEPARATELY OR ON THE BACK , IF NOT OWNED BY YOU.</b></p>	<p><b>MAKE ALL CHECKS PAYABLE TO : CITY OF WINCHESTER</b>                      PO BOX 4135                      WINCHESTER KY 40392-4135</p> <p>IF YOU HAVE ANY QUESTIONS, YOU MAY CONTACT THE LICENSE CLERK AT 859-744-1660</p> <p>I understand my business license may not be sold, loaned, given away or transferred, (including relocating), except when application is made through the City and all inspections have been completed. All statements in this document are true and correct to the best of my knowledge.</p> <p><b>Signature:</b> _____</p> <p>Date: _____ Title: _____</p>