

CITY OF EMINENCE
P.O. BOX 163
EMINENCE, KY 40019
502-845-4159 (PHONE)
502-845-8066 (FAX)

BUSINESS LICENSE APPLICATION

Business Name: _____

Business Address: _____

City State Zip

Mailing Address for Form: _____

City State Zip

Attention to Whom: _____

Type of Business: _____

Phone Number: _____ - _____ - _____

Fax Number: _____ - _____ - _____

E-mail address: _____

Will this business have employees? - Yes _____ or No _____

If yes, Occupational License Fee at a rate of .0075 or 3/4%

Is this business exempt from net profits tax for any reason? _____

If so, what is the exemption? _____

Net Profits License Fee is at the rate of .0075 or 3/4%
(Minimum of \$100 & Maximum of \$3000) – Contact for details

Fiscal Year Ending date of business: _____

Business License Fee: \$100.00

If you have any questions please contact:

Robin L. Mullins
Assistant City Clerk
(502) 845-4159

You can visit our website for other forms & instructions at www.eminencekentucky.com