

## City of Crittenden Application for Occupational License

License period:	, 2022 through June 30, 2023.	
Complete this Application in Full. Provide Accurate Responses to all entries and questions. Attach additional pages, if necessary.		
Applicant's Business Name:		
Applicant's Mailing Address:		
Applicant's Business Phone #: ()		
Applicant's Business Email Address:		
Applicant's Primary Point of Contact: _		
Applicant's Direct Contact Phone #:		
Location(s) of business within the City of	Crittenden:	
Under what mode of business organizati	on do you operate?	
() Proprietorship () Partnership	/ Firm ( ) Joint Venture ( ) Corporation	
( ) Other:		
Briefly State the Nature of Your Principal	Business Activity:	
	ne and those employed in a job program does your business ess activity within the City of Crittenden?	
If zero then is the business just going to l	pe ran by the owner?()Yes or()No	
In your business, do you use, store or pro	oduce any chemicals?()Yes ()No	

If yes, identify the chemicals:

	tivities produce any manner of pr azardous" substance or which is c	
() Yes () No If "yes", Identify the classified substance or waste product generated and explain how the same is collected and disposed of:		
What are the Days and Hours o	f "Normal" business operations?	
If know, what is the zoning class	sification of your property?	
•	er penalty of perjury, states and opposite plication and any attachments the	
Owner's Name: (Printe	(ا <del>ر</del>	
Owner's Signature:		
Date:		
Use the rate schedule below to Retail and Wholesale Business a		
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 & Professionals Sha	all Use the Employee Scale.	
Make Checks Payable to:	City of Crittenden P.O. Box 207 117 South Main Street Crittenden, KY 41030 (859) 428-2597	