

## City of Crittenden Application for Occupational License

License period:	, 2023 through June 30, 2024.			
Complete this Application additional pages, if necess	in Full. Provide Accurate Re ary.	esponses to all entri	es and questions. Attach	
Applicant's Business Name	::			
Applicant's Mailing Addres	s:			
Applicant's Business Phone	e #: ()			
Applicant's Business Email	Address:			
Applicant's Primary Point of	of Contact:			
Applicant's Direct Contact Phone #:				
Location(s) of business wit	hin the City of Crittenden:			
Under what mode of busir	ness organization do you op	perate?		
( ) Proprietorship	( ) Partnership	( ) LLC	( ) Corporation	
( ) Other:				
Briefly State the Nature of	Your Principal Business Act	tivity:		
	-time, part-time and those		program does your business	
	going to be operated by th			
	se, store, or produce any ch			

If yes, identify the chemicals:

		of product, by-product or substance h is classified as "Infectious" waste?
() Yes () No If "yes", Ident the same is collected and dispo		waste product generated and explain how
What are the Days and Hours c	of "Normal" business operatio	ns?
If known, what is the zoning cla	assification of your property?	
The undersigned applicant, und information set forth on this ap		and duly certifies that the foregoing ts thereto is true and correct.
Owner's Name: (Printe	d)	
Owner's Signature:		
Date:		
Use the rate schedule below to Retail and Wholesale Business		
Owner Operated, No Employee	\$ 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 Sh	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	