



City of Crittenden Application for Occupational License

License period: _____, 2023 through June 30, 2024.

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 organization do you operate?

Proprietorship Partnership LLC Corporation

Other: _____

Briefly State the Nature of Your Principal Business Activity:

How many employees, full-time, part-time and those employed in a job program does your business employee in the operation of your business activity within the City of Crittenden? _____

If zero then is the business going to be operated by the owner? Yes or No

In your business, do you use, store, or produce any chemicals? Yes No

If yes, identify the chemicals: _____

Does your business activity / activities produce any manner of product, by-product or substance classified as "Dangerous" or "Hazardous" substance or which is classified as "Infectious" waste?

() 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 of "Normal" business operations?

If known, what is the zoning classification of your property? _____

The undersigned applicant, under penalty of perjury, states and duly certifies that the foregoing information set forth on this application and any attachments thereto is true and correct.

Owner's Name: (Printed) _____

Owner's Signature: _____

Date: _____

Use the rate schedule below to determine the amount due.
Retail and Wholesale Business as per Rate Schedule:

| | |
|----------------------------------|-----------|
| 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 Shall 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