



## City of Crittenden Application for Occupational License

License period: \_\_\_\_\_, 2024 through June 30th, 2025.

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