



## City of Crittenden Application for Occupational License

License period: \_\_\_\_\_, 2025 through June 30th, 2026.

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:

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What are the Days and Hours of "Normal" business operations?

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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