

CITY OF SIMPSONVILLE  
P. O. BOX 378  
SIMPSONVILLE, KY 40067  
502-722-8110 (PHONE)  
502-722-8119 (FAX)



OCCUPATIONAL APPLICATION

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

\_\_\_\_\_  
**City** **State** **Zip**

**Mailing Address for Form:** \_\_\_\_\_

\_\_\_\_\_  
**City** **State** **Zip**

**Attention to Whom:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_

**Federal ID #:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Fax Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Will this business have employees?** Yes \_\_\_\_\_ or No \_\_\_\_\_

*If yes, Occupational License Fee at a rate of .005 or ½ %*

**Is this business exempt from net profits tax for any reason?** \_\_\_\_\_

*If so, what is the exemption?* \_\_\_\_\_

*Net Profits License Fee is at the rate of .005 or ½%  
(Minimum of \$100 & Maximum of \$3000) Contact for details*

**Fiscal Year Ending date of business:** \_\_\_\_\_

\_\_\_\_\_  
**If you have any questions please contact: City Hall, 502-722-8110 M- F 8:00am-4:00pm  
Eastern Standard Time**