

City of Pineville BUSINESS LICENSE APPLICATION

| BUSINESS CONTACT INFORMATION | | | | | | |
|--|-----------------------------------|---------------------|-----------|--|--|--|
| Type of Business: | | FEIN: | | | | |
| Business name: | | | | | | |
| Phone: | Fax: | E-mail: | | | | |
| Company Mailing address (license will be mailed here unless otherwise specified): | | | | | | |
| City: | | State: ZIP Code: | | | | |
| Do you have a location within the city limits of Pineville or do you sell/perform products/services within the city limits? (You can have a Pineville address without being within city limits; if unsure, please call to verify): Circle One: YES NO | | | | | | |
| Number of Employees working w | ithin city limits (if applicable) | : | | | | |
| Will you be remitting payroll with | hholdings monthly or quarterl | y? (if applicable) | | | | |
| Briefly describe nature of work being performed and location (i.e. staffing agency, transient sales; kiosks, etc.): | | | | | | |
| Owner/Operator Name: | Mailina) | | | | | |
| Physical Address (if different from Mailing): | | | | | | |
| City: | | State: | ZIP Code: | | | |
| Name of Applicant: | | Title of Applicant: | | | | |
| Signature of Applicant: | | | | | | |
| Applicant Phone Number: | | Date: | | | | |
| Applicant E-mail: | | | | | | |
| MAKE CHECKS PAYABLE TO: | | | | | | |
| City of Pineville P.O. Box 688 Pineville, KY 40977 | | | | | | |

COMPLETE SCHEDULE ON REVERSE SIDE TO DETERMINE LICENSE FEE. SEE LICENSING ORDINANCE FOR ADDITIONAL INFORMATION.

Payment methods accepted are major credit card, check, money order and cash. Please do not mail cash. Licenses are for calendar year and are to be purchased annually on or before January 31 of each year.

If this is the first year doing business in city limits, and no contract for work exists, minimum license fee due is \$35.00. If a contract exists, fee should be based on gross receipts of contract price/estimates.

APPLICATION FOR PRIVILEGE LICENSE FEE SCHEDULE

| Year of application: |
|----------------------|
|----------------------|

WHERE THE CASH RECEIPTS AMOUNT TO AND NOT OVER:

| CHECK HERE | IF GROSS RECEIPTS FOR YEAR PRIOR OR CONTRACT (TRANSIENT) ARE | FEE IS | YOUR GROSS RECEIPTS ARE (write in amount) |
|---------------|--|-----------|---|
| | \$ 25,000 or less | \$ 35.00 | |
| | \$ 25,001 - \$ 50,000 | \$ 60.00 | |
| | \$ 50,000- \$ 75,000 | \$ 80.00 | |
| | \$ 75,000- \$ 100,000 | \$ 100.00 | |
| | \$ 100,001- \$ 125,000 | \$ 125.00 | |
| | \$ 125,001 - \$ 150,000 | \$ 150.00 | |
| | \$ 150,001 - \$ 175,000 | \$ 175.00 | |
| | \$ 175,001 - \$ 200,000 | \$ 200.00 | |
| | \$ 200,001 - \$ 225,000 | \$ 225.00 | |
| | \$ 225,001 - \$ 250,000 | \$ 250.00 | |
| | \$ 250,001 - \$ 275,000 | \$ 275.00 | |
| | \$ 275,001 - \$ 300,000 | \$ 300.00 | |
| | \$ 300,001 - \$ 325,000 | \$ 325.00 | |
| | \$ 325,001 - \$ 350,000 | \$ 350.00 | |
| | \$ 350,001 - \$ 375,000 | \$ 375.00 | |
| | \$ 375,001 - \$ 400,000 | \$ 400.00 | |
| | \$ 400,001 - \$ 425,000 | \$ 425.00 | |
| | \$ 425,001- \$ 450,000 | \$ 450.00 | |
| | \$ 450,001 - \$ 475,000 | \$ 475.00 | |
| | \$ 475,001 - \$ 500,000 | \$ 500.00 | |
| | If cash receipts exceed \$ 500,001, for each additional \$ 100,000 up to | | |