CITY OF MARION, KENTUCKY Occupational License Fee Application / Renewal

Name of Business:		
Business Type / Services Offered:		
SSN or Federal TIN:		
Physical Address:	Mailing Address:	☐ Same as Physical
Phone: ()	Fax: ()	
Email:		
Business Classification: Individual Partnership Sole Proprietorship C-Corp S-Corp LLC Non-Profit (<u>Non Profit must provide a construction</u>)		ames and address of Partners:
Date Accounting Period Ends if Other the Do you have employees in which FICA ta	en Calendar Year:	D 🗖 Yes
Number of Employees working within the	City Limits:	
fee must be paid and an annual return must be filed	pational license fee on Net Profits from business con d whether or not in the business has shown a profit. I ing in the City and remitted to the City quarterly. The	t is also understood that the license fee
Printed Name of Applicant / Title	Applicants Signature	Date
	Mail to: City Treasurer City of Marion 217 S. Main Street Marion, KY 42064	
PLEASE RETURN THIS CO	PY WITH YOUR REMITTANC TO "CITY OF MARION"	E OF \$25.00, PAYABLE