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: () Email:	Fax: ()	
Business Classification: Individual Partnership Sole Proprietorship C-Corp S-Corp LLC Non-Profit (Non Profit must provide a copy of an IRS letter of exemption			ames and address of Partners:
Date Accounting Period Ends if Other than Calendar			
Do you have employees in which FICA taxes are appl Number of Employees working within the City Limits:			□ Yes
It is understood that the City of Marion has an occupa the City. A minimum license fee must be paid, and ar shown a profit. It is also understood that the license for the City and remitted to the City quarterly. The fee for the	n annual ee must	return must be filed w be withheld from earn	hether or not the business has
Printed Name of Applicant / Title Appl	icants Si	anature	 Date

If Denied, Reason for Denial:		
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	Date:	

It may take up to 2 business days to review your application.

PLEASE RETURN THIS COPY WITH YOUR REMITTANCE OF \$25.00, PAYABLE TO "CITY OF MARION"

Mail to: City Treasurer City of Marion 217 S. Main Street Marion, KY 42064