

APPLICATION FOR BUSINESS PRIVILEGE AND OCCUPATIONAL LICENSE FEE

Please answer **all** questions fully.

1. Business or Individual: _____
2. Business Location (physical address): _____

3. Mailing Address (if different from above): _____

4. Telephone Numbers (include area code): Business _____ Fax _____
5. Ownership: _____ Sole Proprietor _____ Partnership _____ Limited Liability
_____ Corporation _____ S. Corporation _____ Other
6. Name and home address of owner(s), partners, or if a corporation list Officers and Titles, attach additional pages if necessary:

7. Social Security Number: _____ and / or Federal I.D. Number: _____
8. Nature or description of business: _____
9. Do you have subcontractors or any other contract labor? _____ If yes, please attach a detailed listing.
10. Date business started in Ashland: _____ Number of employees: _____
11. Accounting period per Federal Return: _____ Calendar Year
_____ Fiscal Year (Month and Date) _____
12. Contact Person: Name: _____
Title: _____
Mailing Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

CONTINUE ON REVERSE SIDE

New License fees shall be prorated as follows for the first year of business only:

Application Month	Fee
January, February, March	\$100.00
April, May, June	\$75.00
July, August, September	\$50.00
October, November, December	\$25.00
Other Fees	
Late Filing Fee	\$50.00
Additional Location Fee	\$10.00



All information contained on this application is necessary for our records and will be held in strict confidence.

Issuance of this City of Ashland Business Privilege License provides a license to conduct business within the City Limits of Ashland only and does not constitute an approval of any location selected for your business. A copy of this Application will be provided to the City's Code Enforcement Office, Zoning Office and Fire Inspectors. It shall be the responsibility of the Applicant, upon selection of a physical location for this business, to contact the Fire Inspectors for a premise inspection to ensure the location meets the established codes for public buildings. Any necessary changes or updates needed to meet applicable code shall be completed in a timely manner as determined by the Fire Inspector. Failure to comply with required inspections and obtain necessary permits may result in additional fines.

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and belief and I agree to the terms set forth above for a physical location in the City of Ashland.

Authorized Signature: _____ Title: _____ Date: _____

Amount of payment enclosed: \$ _____ Check Number _____

IF PAYING BY MASTERCARD OR VISA, COMPLETE BELOW.				
 <input type="checkbox"/>	 <input type="checkbox"/>	CARD NUMBER		SIGNATURE
		AMOUNT	EXP. DATE	

FOR INTERNAL USE ONLY

Account Number: _____ Assigned By: _____ Date: _____