FORM OLA

City of Henderson

OCCUPATIONAL LICENSE APPLICATION

PO Box 671
222 First Street
Henderson, Kentucky 42419-0671

Phone: (270) 831-1290, ext. 2229 or (270) 831-1200
Fax: (270) 827-6054 **www.cityofhendersonky.org**

Every new business or individual subject to the Occupational License Tax is required to complete this application and return it with $25.00 to the City of Henderson. The $25.00 fee is not required of nonprofit or exempt organizations. Please provide the following information for our records.

Business Name

Legal Business Name

Contact Name

Phone

Fax

PHYSICAL ADDRESS OF BUSINESS

Address

City, State & Zip

MAILING ADDRESS (if different from above)

Address

City, State & Zip

Is Business a (Check Entity Type):

- ☐ Individual
- ☐ Corporation
- ☐ Limited Liability Co.
- ☐ Exempt
- ☐ Partnership
- ☐ Limited Liability Partnership
- ☐ Non-Profit
- ☐ Other _____

Non-Profit or exempt entities must attach an IRS acknowledgement of their not for profit status or a statement attesting to their non-profit or exempt status. The statement must be signed by an authorized official.

Partnerships and Corporations must submit names and addresses of principal partners or officers on a separate schedule.

ACCOUNTING PERIOD PER FEDERAL RETURN: Calendar ☐ Fiscal ☐ Year Ending ____/____ (month / day)

SOCIAL SECURITY OR FEDERAL TAX ID NUMBER _____

NATURE OF BUSINESS _____

DATE OPERATION STARTED ____/____/____ (month / day / year)

DO YOU HAVE OR WILL YOU HAVE EMPLOYEES WORKING IN HENDERSON? ☐ YES ☐ NO
If yes, the City of Henderson payroll tax must be withheld.

DATE EMPLOYMENT WAS FIRST GIVEN OR WILL BE GIVEN _____ (month / day / year)

The undersigned hereby acknowledges that the purchase of an Occupational License does not grant the purchaser the right to use any building, parcel of land, or other property or engage in any activity in violation of any code, zoning or other ordinance of the City of Henderson or other governmental entity.

I hereby certify that all information and statements are true and correct.

Signature _____ Date _____