

# City of Winchester

## LICENSE APPLICATION FOR NEW ISSUE OR RENEWAL



ANSWER ALL QUESTIONS APPLICABLE TO YOUR BUSINESS, IF YOUR BUSINESS IS SOLD OR RELOCATED, YOU MUST NOTIFY THE CITY. LICENSE YEAR RUNS FROM MAY 1 TO APRIL 30. ALL BUSINESS LICENSES ARE PRORATED IF WORK OR BUSINESS BEGINS AFTER MAY 31 EACH YEAR. PLEASE READ THIS FORM THOROUGHLY.

**BUSINESS NAME:** \_\_\_\_\_  
**FEDERAL I.D NO./SOCIAL SECURITY NO.:** \_\_\_\_\_  
**PHYSICAL LOCATION:** \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**OFFICE USE ONLY:**  
 ACCOUNT NO. \_\_\_\_\_ LICENSE NO. \_\_\_\_\_  
 EXPIRATION DATE \_\_\_\_\_  
 DATE PAID: \_\_\_\_\_ AMOUNT PAID: \_\_\_\_\_  
 CLASSIFICATIONS: \_\_\_\_\_

**TYPE OF BUSINESS:** CORPORATION ( ) PARTNERSHIP ( ) PROPRIETORSHIP ( ) LLC ( ) LLP ( )  
**IS THIS LOCATION ZONED FOR YOUR PROPOSED BUSINESS?** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**IF NEW BUSINESS, DATE BUSINESS STARTED** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

<b>SECTION 1 GENERAL BUSINESS LICENSES</b>	<b>SECTION 2 CONTRACTORS: GENERAL REG/SUBS</b>	<b>GENERAL INFORMATION FOR CONTRACTORS CATEGORIES/LICENSE FEES (Circle One)</b>
<p>NATURE OF BUSINESS—PLEASE BE SPECIFIC:                      _____                      _____</p> <p>NAME OF PRINCIPAL OWNERS: _____                      _____</p> <p>NO. OF EMPLOYEES IN CITY:                      NOT INCLUDING YOURSELF, NO. WORKING MORE THAN 20 HRS WEEK: _____</p> <p><b>PLEASE LIST IF APPLICABLE:</b></p> <p>HOTEL/MOTEL ETC.: NO. UNITS _____                      BILLIARDS: NO. TABLES: _____                      FUEL FILLING STATIONS NO. PUMPS: _____                      WRECKER OR REPAIR SERVICE? _____                      BOWLING ALLEY: NO. LANES _____                      DAY CARE CENTERS: NO. ENROLLED _____                      NURSING HOMES ETC: NO. BEDS _____                      TRAILER PARKS: NO. SPACES _____</p>	<p>NATURE OF BUSINESS—PLEASE BE SPECIFIC:                      _____                      _____</p> <p>NAME OF PRINCIPAL OWNERS: _____                      _____</p> <p>NO. OF EMPLOYEES IN CITY: _____</p> <p>IF SUBCONTRACTOR, GIVE NAME AND ADDRESS OF GENERAL CONTRACTOR:                      _____                      _____</p> <p><b>TERM OF LICENSE</b>                      30 DAY LICENSE: _____                      ANNUAL LICENSE: _____</p> <p style="text-align: center;"><b>GENERAL CONTRACTORS MUST SUBMIT NAMES AND ADDRESSES OF ALL SUB-CONTRACTORS USED ON JOB.</b></p>	<p><b>A. GENERAL BUILDING &amp; CONSTRUCTION CONTRACTOR:</b>                      INDIVIDUAL OR FIRM THAT BUILDS OR CONSTRUCTS THE PROJECTS OR OVERSEES OR SUBCONTRACTS THE BUILDING OR CONSTRUCTION                      FEE: \$40.00 PER 30 DAYS                      \$240.00 PER YEAR</p> <p><b>B. SUB/REGULAR CONTRACTOR:</b>                      INDIVIDUAL OR FIRM THAT DOES ANY OR ALL OF THE FOLLOWING:                      ELECTRICAL, REMODELING, MASONRY, PAINTING, HEATING &amp; AIR, ETC.                      FEE: \$20.00 PER 30 DAYS                      \$120.00 PER YEAR</p>
<b>SECTION 3 BEAUTICIANS/BARBERS</b>	<b>SECTION 4 SALES AGENTS/SOLICITATION</b>	<b>SECTION 5 REAL ESTATE SALES</b>
<p><b>SHOP OWNER</b></p> <p>NAME _____                      NUMBER OF CHAIRS _____                      NUMBER OF EMPLOYEES _____                      NUMBER OF TANNING BEDS _____</p> <p><b>INDIVIDUAL</b></p> <p>NAME _____                      NAME &amp; ADDRESS OF SHOP WHERE WORKING _____                      _____                      _____</p>	<p>NAME OF PRINCIPAL SOLICITOR: _____                      _____</p> <p>SS NO. : _____</p> <p><b>WHERE YOU CAN BE REACHED WHILE WORKING IN THE CITY</b></p> <p>TELEPHONE NO: _____                      ADDRESS: _____</p> <p>VEHICLE BEING USED:                      MAKE _____ MODEL _____                      LICENSE NO. _____                      WORK START DATE: _____                      WORK END DATE: _____  <b>PLEASE SUBMIT LIST OF ADDITIONAL WORKERS, SEPARATELY OR ON BACK</b></p>	<p><b>REALTOR/BROKER/AUCTIONEER</b></p> <p>NO. OF EMPLOYEES (NOT INCLUDING AGENTS) _____</p> <p>AUCTIONEER: YES _____ NO _____</p> <p><b>PLEASE SUBMIT LIST OF SALES AGENTS, SEPARATELY OR ON BACK</b></p> <p><b>SALES AGENTS</b></p> <p>REALTOR/BROKER NAME &amp; ADDRESS: _____                      _____                      _____</p> <p>AUCTIONEER: YES _____ NO _____</p>

<b>SECTION 6 VENDING MACHINES</b>	<b>GENERAL INFORMATION</b>
<p>ISSUED STICKERS MUST BE PLACED ON FRONT OF MACHINE IN PLAIN VIEW</p> <p>NUMBER OF MACHINES: CANDY _____ FOOD _____ SODA _____                      CIGARETTE _____ AMUSEMENT _____ LAUNDRY _____</p> <p>LOCATION OF MACHINES / NUMBER: _____                      _____                      _____</p> <p><b>PLEASE SUBMIT OWNERS NAME AND ADDRESS, SEPARATELY OR ON THE BACK, IF NOT OWNED BY YOU.</b></p>	<p>MAKE ALL CHECKS PAYABLE TO : CITY OF WINCHESTER                      PO BOX 4135                      WINCHESTER KY 40392-4135</p> <p>IF YOU HAVE ANY QUESTIONS, YOU MAY CONTACT THE LICENSE CLERK AT 859-744-1660</p> <p>I understand my business license may not be sold, loaned, given away or transferred, (including relocating), except when application is made through the City and all inspections have been completed. All statements in this document are true and correct to the best of my knowledge.</p> <p>Signature: _____                      Date: _____ Title: _____</p>