

## **CITY OF LA GRANGE**

307 W. Jefferson St. La Grange, KY 40031 Phone: (502) 222-1433 Fax: (502) 222-5875



## **APPLICATION FOR BUSINESS LICENSE**

New Application Renewal #											
No longer conducting business in the city limits of La Grange #											
PLEASE PRINT OR TYPE THE INFORMATION BELOW											
Name of Business											
DBA											
Mailing Address											
City/State/Zip											
Phone/Cell Phone											
Type of Business/Profession											
□ Extension Request: For a six (6) month extension, make a copy of this form to use for the actual return and pay at least the \$55.00 minimum fee. This is still due by April 15 deadline.  CALCULATE THE AMOUNT YOU OWE IN THE TABLE BELOW											
	GROS	S RECEIPTS		MOUNT				AMOUN	DUE		
		to \$1,000,000.			X	.0008	=				
			**   *								
	Balance of \$1,000,000	income .01 and up	\$		X	.0005	=				
TO A LA A D								455 MANUA KINA KINA			
Total Amount Due THE CITY OF LAGRA			CDANCE DESE	DVECTILE DI	CHT TO EXAMI	NE VOLID DECO		7			
I affirm that my gross receipts in La Grange, Kentucky, which I have reported, or will report in my Federal Tax Return for 2018 were \$ (Incomplete forms will be returned)  NAME & TITLE (Print) SS# or Federal ID#											
EMAIL ADDRESS						Number of Employees					
SIGNATUREDATE											
MAKE CHECKS OR MONEY ORDER PAYABLE TO THE CITY OF LA GRANGE. MAIL CHECK AND THIS FORM TO THE ABOVE LISTED ADDRESS. RENEWALS ARE DUE BY APRIL 15, 2019. A PENALTY OF \$50-\$1000 AND A 1% PER MONTH CHARGE WILL BE ASSESSED IF THE BUSINESS LICENSE FEE IS NOT PAID BY DUE DATE.  THE 2019 BUSINESS LICENSE YEAR BEGINS APRIL 15, 2019 AND RUNS THROUGH APRIL 14, 2020.  FOR OFFICE USE ONLY											
Da	te Received	License No.	Account No.	Amount	Vending	Penalty	Fee	Total Paid	Cash	Check	
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