



THE CITY OF GUTHRIE

P.O. Box 125
Guthrie, KY 42234
270-483-2511 Fax 270-483-0717

Business License Initial Application

Name of Business/Individual: _____

Mailing Address: _____

Physical Address of Business: _____

Telephone #: _____ Fax#: _____

Description of Business: _____

Business Owner: _____

Supervisor/Manager: _____

Do you have employees that receive a W-2 at the end of the year? _____ YES _____ NO

Do you have persons/subcontractors that receive 1099's each year? _____ YES _____ NO

Date activity began in the City of Guthrie: _____

Entity Type _____ Individual _____ Partnership _____ Corporation _____ LLC _____ Other _____

Federal I.D. # or Social Security #: _____

A. Business year beginning _____ Ending _____.

B. Gross Receipts: _____

C. License Fee (First initial license is flat \$50.00)

If line B is less that \$33,333 enter \$50.00: _____

If line B is more than \$33,333 but less than \$1,666,667 multiply Line B X .0015: _____

If line B is more than \$1,666,667 enter \$2,500.00: _____

Signature: _____ Title: _____ Date: _____

Please mail to: City of Guthrie, PO Box 125, Guthrie, KY 42234

FOR OFFICE USE ONLY

Payment Amount: _____ Cash: _____ Check : _____ Money Order: _____

Licenses # Issued: _____