

CITY OF BENTON - BUSINESS LICENSE - REPORT FORM

Mail to: [**CODE ENFORCEMENT 1009 MAIN STREET**
BENTON, KENTUCKY 42025
(270) 527-6488 direct , or (270) 527-3126]

[Make CHECKS payable to: CITY OF BENTON]

BUSINESS LICENSE are DUE on JANUARY 1 and EXPIRE DECEMBER 31 of the SAME YEAR.

Renewal -note : **PENALTY OF 10% IF NOT PAID BY JAN 31-**

** IF NO LONGER DOING BUSINESS IN CITY- **PLEASE CONTACT US @ 527-6488**

COMPLETE & RETURN with PAYMENT .{ This form must be filled out yearly} THANK YOU

CONTRACTORS- PLEASE NOTE: Contr. Category must Show Proof of Workman Comp Liability & Gen. Liability
{Your Insurance Co. can Fax Certificate of Insurance to 270-527-7026 - City of Benton will be Certificate Holder}

BUSINESS NAME: _____
[NAME BUSINESS OPERATES UNDER] {If you're Doctor, Lawyer, Pharmacist, Realty Agent, Barber or Beautician Use Your Name}

TYPE OF BUSINESS: _____
[CONTRACTOR, GROCERY, DOCTOR, VENDOR ETC.....]

CONTACT NAME: _____ **BUSINESS PHONE [Local]** _____
**(If your name was used above- Enter Business Name you are connected with- in the contact name space)

BUSINESS ADDRESS: _____
[LOCATION]

MAILING ADDRESS if different from above: _____

HOW LONG HAVE YOU BEEN IN BUSINESS: _____

NUMBER OF EMPLOYEES WORKING IN BENTON: _____

LIST THESE EMPLOYEES & THEIR ADDRESS ON BACK OF FORM: _____ →

PLEASE READ & SIGN BELOW - I HAVE REVIEWED THIS INFORMATION AND EVERYTHING IS CORRECT.

SIGNATURE: _____ **DATE:** _____ **TITLE:** _____

IF YOUR BUSINESS IS LOCATED IN THE CITY LIMITS- WE HAVE AN EMERGENCY 911 CONTACT SHEET WHERE WE CAN CONTACT YOU DURING NON BUSINESS HOURS * PLEASE LIST AT LEAST 3 PERSONS WE SHOULD CONTACT WITH HOME PHONE #'S IN ORDER YOU WANT NOTIFIED IN CASE THE 1ST IS UNAVAILABLE. PLEASE FILL THIS OUT TO HELP US PROTECT YOUR BUSINESS:

- | | | |
|----|-----------------|------------------|
| 1) | _____ | _____ |
| | (CONTACT NAME) | (HOME PHONE NO.) |
| 2) | _____ | _____ |
| 3) | _____ | _____ |
| 4) | _____ | _____ |

OFFICE USE ONLY

BUSINESS LICENSE # _____ **AMOUNT DUE** _____ **AMOUNT PAID** _____

DATE PAID: _____ **CHECK #** _____ **Insur. Certif. Inform.** _____ **EARNING TAX** _____