



Booth Number Required \_\_\_\_\_ **CITY OF STANFORD**  
**403 EAST MAIN STREET**  
**STANFORD, KY 40484**  
 PHONE: (606)365-4500

**Form 551**  
**License Year** \_\_\_\_\_

**APPLICATION FOR OCCUPATIONAL (BUSINESS) LICENSE**

**Note:** Non-profit organizations, federal employees, and entities exempted from the license fee by KRS, and organizations exempted in Section 1-1 of Stanford's Code of Ordinances are not required to purchase a Business License or file a Net Profit License Fee Return. To receive exempt status a copy of your Federal Letter of Exemption must be submitted with this application. Non-profit status does not exempt your organization from Quarterly Occupational Tax reporting.

**License fee is \$50 per year and due by January 31 of each year.**  
**A 10% penalty will apply February 1-March 1, 40% penalty will apply after March 1.**

**Payment may be made online at [Stanford.ky.gov](http://Stanford.ky.gov) by ACH (\$1.00 fee), or credit/debit (2.75% fee)**

1. Name of Individual Proprietor, Organization, Corporation or partnership: \_\_\_\_\_

2. Business name (name business operates under): \_\_\_\_\_

3. Business Location (Street address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Mailing Address (if different): \_\_\_\_\_

5. Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax \_\_\_\_\_

E-mail: \_\_\_\_\_

6. Ownership: (choose one) Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Non-Profit \_\_\_\_\_

Limited Liability Co. \_\_\_\_\_ S-Corporation \_\_\_\_\_ Other \_\_\_\_\_

7. List owners, officers, partners, titles or other administrative heads including payroll and tax preparers:

Name and contact info: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Federal Tax ID No.: \_\_\_\_\_ or SSN \_\_\_\_\_

9. Nature or description of business: \_\_\_\_\_

10. Date of start of business: \_\_\_\_\_ 11. Number of employees: \_\_\_\_\_

Do you issue 1099's? yes \_\_\_\_\_ no \_\_\_\_\_

**Quarterly payroll reporting must be completed on all employees working within the City limits of Stanford.**  
**The tax rate to withhold is 1.15%. All 1099 employees must register and self report.**

12. Accounting period per federal return: Calendar year \_\_\_\_\_ Fiscal year m/d \_\_\_\_\_

**Net Profit Reporting for work completed in the City must be reported subsequent with federal tax filing.**  
**The Net Profit Rate is .65% and your yearly business license fee is a minimum net profit payment.**

\*\*If your business is located in the city limits of Stanford, please provide after hour contact information to be kept on file for police and fire emergency notification: Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**I hereby certify all information herein is true and correct: Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

*Office Use: License Number:* \_\_\_\_\_

*Amount Paid:* \_\_\_\_\_

*Date:* \_\_\_\_\_

*Cash/Chk:* \_\_\_\_\_