



**CITY OF NEWPORT
DEPARTMENT OF FINANCE & ADMINISTRATION
LICENSE DIVISION**

licensequestions@newportky.gov

APPLICATION FOR OCCUPATIONAL LICENSE

CN-2

1 APPLICATION INFORMATION

NAME OF APPLICANT _____ EMAIL _____

TRADE NAME OR DBA _____

MAILING ADDRESS:

STREET _____ CITY _____ STATE _____ ZIP _____

PHYSICAL LOCATION OF INTENDED BUSINESS OR JOB SITE (WHICHEVER APPLIES): _____

DATE THE OPERATION IS INTENDING START _____ TELEPHONE _____

2 CHECK TYPE OF OWNERSHIP

SOLE OWNER

CORPORATION

PARTNERSHIP

NON-PROFIT

3 CORPORATE INFORMATION

If vendor is a corporation, please list corporate name exactly as it appears on your state and federal tax return.

Corporate Name _____ Date and State of Incorporation _____

Please provide your fiscal year end date if not 12/31 in the space provided _____

4 OWNER(S) OF BUSINESS

If an individual, provide full name, residence address, telephone number, date of birth and social security number.

If a partnership, provide name, residence address, telephone number, date of birth and social security number of each partner.

If a corporation, provide name, address, telephone number and social security number of the president, vice-president, secretary and treasurer.

NAME/ADDRESS	TITLE	PHONE	D.O.B.	S.S.#

5 IDENTIFICATION NUMBERS

Enter any or all identification numbers which apply to your company:

FEDERAL EMPLOYERS I.D. NUMBER (number used to file federal income tax) _____

KENTUCKY ACCOUNT NUMBER (number used to file KY income tax) _____

SOCIAL SECURITY NUMBER (sole-proprietor only) _____

6 NATURE OF BUSINESS

Please describe the business and its operation, including where and how sales, services and/or any other activities take place. Be Specific. Any license issued will be only for those activities outlined in this application. Any expansion beyond these activities is unlawful until a new application is submitted and approved. **(If your business is Electrical, Plumbing or HVAC, list all KY master license numbers below including a copy of your ID cards.)**

7 PAYROLL WITHHOLDING FEE

Will you have employees in the City of Newport? Yes No If yes, give the estimated number _____

The City of Newport also has a withholding fee of 2.5 % of the gross wages paid to employees while they are working within the city limits. It is the responsibility of the business owner to withhold these fees and submit them to the City on a quarterly basis. CN-1 forms will be provided by mail or can be downloaded at www.newportky.gov

If your company is using a 3rd party payroll provider, enter here: _____

8 TIP INCOME

If your business intends to serve food and/or beverages for on premise consumption and your employees will be receiving earned income from tips, you will be required to file an ANNUAL REPORT ON TIP INCOME. The tip income which you report must equal 8 % of the gross receipts from the sale of food and beverages or an additional payment may be due.

Form CN-14 will be provided by mail or can be downloaded at: www.newportky.gov

9 SUB-CONTRACTORS

Will you be employing Sub-Contractor(s) or Independent Contractor(s)? YES NO

If you checked **YES**, it is required by City of Newport Ordinance §37.073 that each company has a City of Newport Occupational License.

The information required for sub-contractor(s) is as follows: name, address, phone number, email and contracted amount-use CN5 for this requirement.

Forms can be downloaded at: www.newportky.gov

10 AMOUNT OF LICENSE FEE DUE

A. If your business is located **INSIDE** Newport (**see section 13**), the amount of license fee is based on the month of the City's fiscal year in which the business started. **The schedule of fees are as follows below which are payable when the application is filed.**

July 1 - June 30 = \$75.00 Aug 1 - June 30 = \$68.75 Sept 1 - June30 = \$62.50 Oct 1 - June 30 = \$56.25 Nov 1 - June 30 = \$50.00
 Dec 1 - June 30 = \$43.75 (Any date between January 1 - June 30, the fee is \$37.50)

B. If your business is located **OUTSIDE** Newport, the amount of the fee is based on the following criteria:

- 1) If the estimated value of contracts you will receive for working in Newport (minus any amount sub-contracted to other companies) is less than \$21,428.00. Pay the fees outlined above in section **A**.
- 2) If the estimated value of the contracts you will receive for work in Newport (minus any sub-contractored work to other companies) is more than \$21, 428.00, you should multiply the amount of contracts by .0035 and pay that amount. Enter on section **C**.

	Gross Contract Amount	(-)	Sub-Contracts-CN5	(=)	Net Contract Amount	(X) .0035	(=)	Total License Fee Due
C.								

MAKE PAYABLE: CITY OF NEWPORT * DEPT. OF FINANCE * P.O. BOX 1090, NEWPORT, KY 41071-0900

IMPORTANT: This is considered an estimated payment. A reconciliation will be performed when your project is completed. At that time, additional payments may be due to the City of Newport or a refund due to you for overpayment.

11 OCCUPATIONAL LICENSES APPLIED FOR AFTER MARCH 15

Any license issued to an individual or company will expire on June 30 of each year. If this application is being applied for after March 15th, you will not be mailed a reminder for Occupational License Renewal. Form CN-16 can be downloaded at: www.newportky.gov

12 I hereby certify that all the information and statements are correct. Further, I understand that acceptance of this form by the Finance Department does not constitute approval.

Signed **X** _____ Official Title _____ Date ____ / ____ / ____
 (Owner, Officer, Partner, Member, Agent, etc.)

OL _____ ~ _____

FOR OFFICE USE ONLY

13 NEWPORT BUSINESS LOCATION APPROVAL

For businesses located in the City of Newport, the location must be inspected and approved by the following City departments. No license can be issued until the location has been approved.

X _____ / / Approved Denied
Zoning Administrator Date

Comments: _____

X _____ / / Approved Denied
Building Inspector Date

Comments: _____

X _____ / / Approved Denied
Fire Inspector Date

Comments: _____

ISSUANCE OF THE LICENSE IS:

X _____ / / Approved Denied
License Inspector Date

Approved Conditionally

Comments: _____

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