



**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.

IMPORTANT: If your occupation requires a Federal or State license and/or certification, provide a copy with this application.

EXAMPLES - Electrical, Plumbing, Mechanical, Hair Salon, Barber Shop, Massage Therapy

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 **CN-5** for this requirement.

Forms can be downloaded at: www.newportky.gov

10 AMOUNT OF LICENSE FEE DUE

A. If your business is located physically **INSIDE** Newport, the license fee due is based on the month of the City's fiscal year in which the business intends to start. **The fee schedule is listed below and required with the application.**

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 license fee is based on the following criteria:

- 1) If the actual or estimated value of contracts for work in Newport (minus any amount sub-contracted to other companies) is less than \$21,428.00. Pay the fees outlined above in Section **10 A.**
- 2) If the estimated value of the contracts 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 **10 C.**

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

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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CN-5

GENERAL CONTRACTORS LIST OF SUB-CONTRACTORS

GENERAL CONTRACTOR INFORMATION:			
COMPANY:	_____	EMAIL:	_____
CONTACT PERSON:	_____	PHONE:	() _____
STREET	_____	CITY	_____ STATE _____ ZIP _____
PROJECT NAME & LOCATION: _____			
DATE THE PROJECT IS INTENDING TO START: _____			
SIGNED:	_____	DATE:	____ / ____ / ____
SUB-CONTRACTOR INFORMATION # 1:			
COMPANY:	_____	EMAIL:	_____
CONTACT PERSON:	_____	PHONE:	() _____
STREET	_____	CITY	_____ STATE _____ ZIP _____
AMOUNT OF CONTRACT FOR LISTED PROJECT:			
\$ _____	X 0.0035 =	\$ _____	OR \$75.00 Minimum Fee-which ever is <u>GREATER</u> *
CONTRACT		CITY FEE	
SUB-CONTRACTOR INFORMATION # 2:			
COMPANY:	_____	EMAIL:	_____
CONTACT PERSON:	_____	PHONE:	() _____
STREET	_____	CITY	_____ STATE _____ ZIP _____
AMOUNT OF CONTRACT FOR LISTED PROJECT:			
\$ _____	X 0.0035 =	\$ _____	OR \$75.00 Minimum Fee-which ever is <u>GREATER</u> *
CONTRACT		CITY FEE	
SUB-CONTRACTOR INFORMATION # 3:			
COMPANY:	_____	EMAIL:	_____
CONTACT PERSON:	_____	PHONE:	() _____
STREET	_____	CITY	_____ STATE _____ ZIP _____
AMOUNT OF CONTRACT FOR LISTED PROJECT:			
\$ _____	X 0.0035 =	\$ _____	OR \$75.00 Minimum Fee-which ever is <u>GREATER</u> *
CONTRACT		CITY FEE	

REQUIREMENTS:

* USE FORM CN-2 FOR NEW ACCOUNTS, FORM CN-16 FOR RENEWAL OF EXISTING ACCOUNTS & CN-16P FOR EXISTING ACCOUNTS WITH PROJECTS OVER \$50,000-**PREPAYMENT IS REQUIRED**

PAYROLL WITHHOLDING OF 2.5% IS **REQUIRED** ON ALL WAGES EARNED IN THE CITY OF NEWPORT.

ALL 1099 LABOR, WHETHER IT IS A COMPANY OR INDIVIDUAL, IS **REQUIRED** TO BE LICENSED IN THE CITY OF NEWPORT.

NO BUILDING OR ZONING PERMITS WILL BE ISSUED TO ANY PERSON OR BUSINESS UNTIL ALL INDEPENDENT CONTRACTORS OR SUB-CONTRACTORS HAVE BEEN IDENTIFIED AND LICENSED. USING UNLICENSED SUB-CONTRACTORS CAN RESULT IN THE TEMPORARY SUSPENSION OR PERMANENT REVOCATION OF ANY PERMIT.