



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

OL@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 ☐ PARTNERSHIP ☐ CORPORATION ☐ NON-PROFIT (501c)

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, Remote Employee, 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: _____

pg 1 P I D N 9 9 9 - 9 9 - _____ S I C _____ O L _____ ~ _____

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 - June 30 = \$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-contracted 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 711090, NEWPORT, KY 41071

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 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.)

O L _____ ~ _____