



**CITY OF NEWPORT**  
DEPARTMENT OF FINANCE & ADMINISTRATION  
LICENSE DIVISION  
(859) 292-3660  
[www.NewportKY.gov](http://www.NewportKY.gov)

202\_\_\_\_\_

AMENDED RETURN

**AMENDING OF OCCUPATIONAL LICENSE  
FOR CONSTRUCTION PROJECTS OVER \$50,000**

CN-16P

CONSTRUCTION COMPANY: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

FEDERAL EMPLOYER I.D. \_\_\_\_\_

PROJECT NAME & LOCATION: \_\_\_\_\_

DATE PROJECT IS INTENDED TO START: \_\_\_\_\_

1. TOTAL GROSS COST OF CONSTRUCTION PROJECT: \$ \_\_\_\_\_

2. TOTAL OF ALL SUB-CONTRACTORS: (SEE FORM CN-5) \$ \_\_\_\_\_

3. TOTAL GROSS COST OF CONSTRUCTION PROJECT: \$  
(LINE 1 - LINE 2 = LINE 3)

4. LICENSE FEE: (LINE 3 X .0035 = LINE 4) \$ \_\_\_\_\_

(THE MAXIMUM AMOUNT IS \$28,000 FOR THE OCCUPATIONAL LICENSE FEE)

5. MINIMUM PENALTY IS LINE 4 X 25% = LINE 5  
PENALTY APPLIES - IF WORK STARTED PRIOR TO FILING THIS FORM \$ \_\_\_\_\_

6. TOTAL REMITTANCE: (LINE 4 + LINE 5 = LINE 6) \$ \_\_\_\_\_

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN AND ANY SCHEDULES AND EXHIBITS ATTACHED ARE TRUE AND CORRECT.

SIGNED X \_\_\_\_\_ TITLE \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ DATE \_\_\_\_\_

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

QUESTIONS CAN BE SENT TO [OL@NewportKY.gov](mailto:OL@NewportKY.gov)

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