

CITY OF JEFFERSONTOWN
BUSINESS LICENSE REGISTRATION

Pursuant to City Ordinance No. 1233, Series 2008, persons, firms or organizations engaged in any trade or profession operating in the City of Jeffersontown for profit or gain, to first register with said City.

**PLEASE COMPLETE, SIGN, DATE & RETURN WITH \$75.00 ANNUAL FEE TO CITY HALL
WITHIN 10 DAYS OR UPON START-UP OF BUSINESS**

Type or Print PLEASE ANSWER ALL QUESTIONS Type or Print

1. Name: (If registering as individual) _____
2. Corporate or Limited Liability Company (LLC) Name: _____
3. Trade Name or D.B.A. (If different than above) _____
4. Primary Corporate / Business Address:
Street: _____ Phone: _____
City, State, Zip: _____ Fax: _____
- 4a. Local Jeffersontown, Kentucky Address (if any):
Street: _____ Contact: _____
Phone: _____ Fax: _____
5. Fed Tax I.D. : _____ 6. If Non-Profit, Tax Exempt # _____
7. Enter Social Security Number (SSN) if Individual, Sole Proprietor or Single Member LLC: _____
8. Email Address: _____ 9. Website: _____
10. Nature of Business: _____ 11. NAIC # _____
12. Date business started or will start in Jeffersontown: _____ 13. Number of employees: _____
14. Complete it obtaining a previously established business, or if there is a change in the organization has occurred:
Date of change: _____ Date employment began: _____
Former corporate or business name: _____

**IF BUSINESS EMPLOYS PEOPLE IN JEFFERSONTOWN, THE EMPLOYER MUST FILE QUARTERLY
OCCUPATIONAL TAX RETURNS WITH THE CITY OF JEFFERSONTOWN REVENUE DEPARTMENT**

15. Payroll Service Provider: _____
Phone: _____ Fax: _____ Contact: _____
16. Corporate / Business Payroll Contact: _____
Phone: _____ Fax: _____ Contact: _____
17. For additional information or in case of emergency contact:
Name: _____ Phone: _____

****PLEASE NOTE**** It is the applicant's responsibility to inform the Revenue Department of any changes in ownership, addresses, number of employees or termination of business activity. The undersigned (business) agrees to be responsible for all collection costs and attorney's fees in connection with any delinquent account.

Signature: _____ Date: _____

(FOR OFFICE USE ONLY)				
Account Nos: _____				
<input type="checkbox"/> ABC Licensed	<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Governmental Agency	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Insp/Permit Approval

BILL DIERUF
MAYOR



SAM ROGERS
CHIEF OF POLICE

JEFFERSONTOWN POLICE DEPARTMENT
10410 TAYLORSVILLE ROAD
JEFFERSONTOWN, KENTUCKY 40299
502/267-0503 · FAX 502/267-5936

CITY OF JEFFERSONTOWN BUSINESS OWNER INFORMATION FORM

Owner/Manager _____ Phone # _____

Address _____

Business Name _____ Phone # _____

Business Address _____ Email _____

EMERGENCY CONTACTS TO BE NOTIFIED

1. Name _____ Home # _____ Cell # _____

2. Name _____ Home # _____ Cell # _____

3. Name _____ Home # _____ Cell # _____

BURGLAR ALARM INFORMATION (If Applicable)

Type of Alarm: Burglary Monitor Local Visual (lights) Robbery
 Silent Audible Panic Duress Trouble

Alarm Company Name _____ Phone # _____

Alarm Company Monitoring Station Name _____

Additional Alarm Information

The City of Jeffersontown has an Alarm Ordinance (No. 1123, Series 1990) that allows for the citing of unwanted alarms. A subscriber is allowed 2 unwanted alarms in a calendar year. The fines are as follows:

Third unwanted alarm: \$75.00 fee + \$20.00 fine Total \$95.00

Fourth unwanted alarm: \$75.00 fee + \$50.00 fine Total \$125.00

Fifth unwanted alarm (& each subsequent): \$75.00 + \$100.00 fine Total \$175.00

PLEASE KEEP THE JEFFERSONTOWN POLICE DEPARTMENT UPDATED IN REFERENCE TO ANY ALARM COMPANY OR EMERGENCY CONTACT CHANGES YOU MAY HAVE!

Officer Felicia Burba
Community Resource Officer
fburba@jtownkypd.org
P: (502) 267-0503 - F: (502) 267-5936