

APPLICATION FOR THE CITY OF MIDWAY BUSINESS LICENSE

Instructions:

1. Return the completed application and enclose \$50.00 for the initial license fee
2. Withhold 2% of gross salary per pay period per applicable employee
3. File a Quarterly Return with the City of Midway Government. (Quarterly returns are mailed to you prior to the end of each quarter.)

All questions must be answered completely. Please type or print.

1. Business Name or Applicant Name _____ Telephone _____
2. Business Address _____
Street _____ City _____ State _____ Zip Code _____
3. Mailing Address _____
Street _____ City _____ State _____ Zip Code _____
4. Address where work will be performed _____ Telephone _____
5. Social Security Number _____ Federal ID Number _____
6. Drivers License Number of Applicant _____
7. Type of Business _____
8. Date Work is to begin in the City of Midway? _____
9. Will you have employees? Yes _____ No _____ If Yes how many? _____
10. What type of tax year do you operate? Calendar (Jan 1st – Dec 31st) _____ Fiscal Year _____
Give Dates _____
11. Check Ownership Type: _____ Sole Proprietor _____ Partnership _____ Corporation _____
_____ Non Profit _____ Other _____
12. Name of Owners _____ Phone _____
_____ Phone _____
_____ Phone _____
13. If a Corporation, list officers and titles: (or Partnership)
Name _____ Phone _____
Name _____ Phone _____
14. Contact Person for Tax Info. _____ Phone _____
15. _____
Signature of Applicant Title Date

Make check payable to City of Midway. Mail check and Application to : City of Midway P.O. Box 4275 Midway, Ky 40347-4275	If you have any questions please call (859)846-4413 Fax Number (859)846-4411 Business Hours: Monday – Friday 8:30 a.m. – 4:30 p.m.
FOR OFFICIAL USE ONLY	

Account # _____	License # _____	Date _____
Fee _____	Ent. Type _____	
Number of Employees _____	Fiscal Year End _____	