City of Lawrenceburg
Occupational License Application
PO BOX 290
Lawrenceburg, Kentucky, 40342

Business Name:_____

Contact Name: _____ Contact Phone Number: _____

Email: _____ Alternate/Cell Number: _____

Nature of Business: _____

Business Address:_____
Address

_____
City State Zip

Mailing Address: _____
Address

_____
City State Zip

Maximum number of employees (including owner) working in Lawrenceburg-Anderson County on any given day during the licensing period: _____
Is your business home based? _____ Yes _____ No

This form and payment must be submitted to the City of Lawrenceburg by mail at PO BOX 290, Lawrenceburg, KY, 40342, or in person at 100 North Main St.

Business License Fee	Amount
1 Employee	$65.00
2 – 5 Employees	$200.00
6 – 25 Employees	$400.00
26 – 100 Employees	$700.00
101 or more Employees	$1000.00

ALL NEW APPLICANTS
Licenses run July 1 – June 30 each year.
If paying after September 1 - please contact our Office for the prorated amount.

Interim Business License (Valid for 3 consecutive days-Maximum 2 per year, per recipient) $25.00

Please provide dates of operation: _____

Amount of license fee submitted: _____

_____
Signature