

CITY OF COVINGTON, KENTUCKY
APPLICATION FOR 3 DAY TEMPORARY OCCUPATIONAL LICENSE
FOR INDIVIDUALS AND BUSINESSES LOCATED OUTSIDE THE CITY
FINANCE DEPARTMENT 292-2183 OR 292-2184
638 Madison Avenue Covington, KY 41011
Office Hours 8:00 AM – 4:30 PM

Every business or individual subject to the Occupational License Fee is required to complete this application and return it with \$10.00 to the Finance Department. The \$10.00 fee is not required of nonprofit organizations. The following information is necessary for our records.

DATE _____ BUSINESS NAME _____

APPLICANT _____ ADDRESS _____

ADDRESS _____

PHONE _____

PHONE _____ MAILING ADDRESS (if different from above)

Is Business a:

Individual _____
Partnership _____ (list name & address of each partner on a separate schedule)
Corporation _____ (list name & address of each officer and agent for service on a separate schedule)
Other _____ (Describe)

ACCOUNTING PERIOD:
_____ Calendar Year
_____ Fiscal Year ____/____
month day

FEDERAL TAX EIN # _____

NATURE OF BUSINESS _____

DATE OPERATION WILL START IN COVINGTON ____/____/____

**NOTE: YOUR LICENSE WILL EXPIRE IN 3 DAYS FROM YOUR START DATE
ONLY ONE TEMPORARY LICENSE WILL BE ISSUED IN A SINGLE CALENDAR YEAR**

DATE OPERATION WILL END IN COVINGTON _____
month day year
month day year

OTHER INFORMATION _____

I hereby certify that all information and statements are true and correct.

Signature _____ Title _____

ACCOUNT NUMBER _____ THIS LICENSE EXPIRES _____