



# OCCUPATIONAL / BUSINESS

## LICENSE APPLICATION

City of Hillview, 283  
Crestwood Lane, Louisville, Kentucky 40229  
Office: (502) 957-5280 Fax: (502) 955-5673

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

**Applicant Address:** \_\_\_\_\_

**Federal ID #:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Number of Employees:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Corporate Officers:** \_\_\_\_\_

**NOTE: You are responsible to remit 1.8% occupational tax on all gross wages paid. If you have no employees, you will be taxed on your net profits.**

**Vendors: Describe merchandise sold:**  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_

**Billing Contact Person:** \_\_\_\_\_

**Daytime Phone Number:** \_\_\_\_\_ **Evening Phone Number:** \_\_\_\_\_



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I hereby understand the City of Hillview is in an exclusive contract with Waste Management. It is my responsibility to notify Waste Management that my business is within the city limits of Hillview and that I receive Hillview pricing. If I overpay due to the fact Waste Management is not aware that I am located within Hillview, I may not receive a refund.

I hereby certify that all of the information and statements contained herein are true and accurate.

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Signature

Title

Date