CITY OF ST MATTHEWS PO BOX 7097 LOUISVILLE KY 40257-0097 (502) 895-9444

**BUSINESS LICENSE TAX DEPARTMENT** 

(502) 899-2515

YEAR

Emailed Forms  $\underline{\textit{Must Send in Payment}}$  to be processed

## **BUSINESS LICENSE APPLICATION**

ANNUAL RENEWAL DUE: APRIL 30

IMPORTANT NOTICE: READ CAREFULLY BEFORE COMPLETING THIS FORM

OFFICIAL USE ONLY	
CHECK #	
AMOUNT PAID	
DATE PAID	

BUSINESS/APPLICANT NAME:			
BUSINESS ADDRESS:			
EMAIL ADDRESS:		City, State, Zip	Telephone Number
MAILING ADDRESS:	(If Different than Above)	City, State, Zip	Telephone Number
CONTACT PERSON:			Telephone Number
PRINCIPAL BUSINESS ACTIVITY:			relephone Number
ACCOUNT #		Select the Appropriate Item	
	NEW BUSINESS	RENEWAL	FINAL RETURN
	(Fee = \$25.00)	(See Instructions)	
SEE REVERSE SIDE FOR INSTRUCTI	ONS (for business license rene	· · · · · · · · · · · · · · · · · · ·	
1) GROSS RECEIPTS E (LESS ALCOHOL SALES)	ARNED IN ST. MATTHEWS:		
2) GROSS RECEIPTS T  BASED ON TAX TABLE (			
3) 50 PERCENT DISCO (If Paid By April 30)	OUNT PAYMENT:		
<b>4) PENALTY:</b> 10% OF LINE 2 IF PAID	AFTER APRIL 30		
5) INTEREST:	CU MONTU OD DADT TUEDFOE DE	COMMUNIC MANY 1	
6) TOTAL PAYMENT I	ACH MONTH OR PART THEREOF BE	GINNING MAY 1	
I HEREBY CERTIFY, UNDER PENALT SCHEDULES ARE TRUE, CORRECT A	TY OF PERJURY, THAT THE STA		NY SUPPORTING (Date)
SIGNATURE OF RETURN PREPARER		SIGNATURE OF LICENSEE	
PRINT NAME		PRINT NAME	
TELEPHONE NUMBER		TELEPHONE NUMBER	

**DATE DUE:** The St. Matthews Gross Receipts Business License Application is to be completed and payment submitted on April 30 of each year in order to renew a business license. Payment **must** be received by **April 30** to receive the 50% discount.

**PENALTY & INTEREST:** A penalty of 10% of the tax due will apply if payment is made on or after May 1. Additionally, interest is charged at the rate of 1.5% per month or part thereof.

**GENERAL:** Business licenses are required for all businesses located in the City of St. Matthews and/or businesses coming into the City to conduct work. Each separate location is to apply for their individual licensing. Each business location in the City of St. Matthews are to report gross receipts from that location. **Receipts from the sale of alcoholic beverages are not to be computed in gross receipts.** 

The filing fee for the first year of business is \$25. Subsequent renewal fees are based on the gross receipts . See tax table below:

<u>TAX TABLE</u>						
RECEIPTS LESS THAN	\$30,000.00	=	\$	25.00		
\$30,001.00 or less than	\$40,000.00	=	\$	30.00		
\$40,001.00 or less than	\$50,000.00	=	\$	40.00		
\$50,001.00 or less than	\$60,000.00	=	\$	50.00		
\$60,001.00 or less than	\$70,000.00	=	\$	60.00		
\$70,001.00 or less than	\$80,000.00	=	\$	70.00		
\$80,001.00 or less than	\$90,000.00	=	\$	80.00		
\$90,001 or less than	\$100,000.00	=	\$	90.00		

All receipts in excess of \$100,000.00 are to be taxed at the rate of fifty cents (.50) for each \$1,000 or fraction thereof. See Example Below. (Subtract \$100,000. Multiply by .0005. Add \$90.00)

Receipts of \$100,001 or more: \$150,000.00 = \$115.00 $($150,000 - $100,000 = $50,000 \times .0005 = 25.00 + $90)$ 

**PAYMENTS:** We cannot accept credit card payments at this time. Please send payment by check, made payable to the City of St. Matthews. Mail to the City of St. Matthews, Business License Department, PO Box 7097, Louisville KY 40257-0097.

**QUESTIONS:** Please contact the City of St. Matthews Business License Department (502 -899-2515) during normal business hours of 7:30 AM to 4:00 PM, Monday through Thursday, 7:30 AM to 11:30 AM Friday. City Hall address - 3940 Grandview Avenue, Louisville KY 40207 (502 895-9444).

**OTHER TAXES:** The City of St. Matthews has an Occupational Employee Withholding Tax, Professional License Tax, and Real Estate Tax, in addition to the Gross Receipts Tax. If any additional information is needed, please call the appropriate clerk.

YOUR BUSINESS LICENSE WILL BE ISSUED UNDER THE PROVISIONS OF THE CITY OF ST. MATTHEWS CODE CHAPTER 110. YOU ARE CAUTIONED THAT THE LICENSE DOES NOT PERMIT OPERATION OF A BUSINESS IN VIOLATION OF OTHER MUNICIPAL CODE SECTIONS. YOUR BUSINESS LOCATION WILL BE CHECKED BY ZONING AND, IF NECESSARY, FIRE DEPARTMENT OFFICIALS. IF YOU HAVE ANY DOUBT THAT YOUR BUSINESS LOCATION CONFORMS WITH THE REQUIREMENTS OF THE MUNICIPAL CODE ADMINISTERED BY THESE DEPARTMENTS, YOU ARE URGED TO CONTACT THESE DEPARTMENTS FOR FURTHER INFORMATION BEFORE FILING THIS APPLICATION FOR A BUSINESS LICENSE. **LICENSE FEES ARE NON-REFUNDABLE.** 

THE BUSINESS LICENSE DEPARTMENT IS TO BE NOTIFIED IMMEDIATELY IF YOUR BUSINESS MOVES FROM THE CITY, HAS A CHANGE OF OWNERSHIP, NAME CHANGE OR CHANGE OF ADDRESS.

BL2. REV. 10/2013

## RETURN TO THE ATTENTION OF BUSINESS LICENSE/OCCUPATIONAL TAX

P.O. BOX 7097

ST. MATTHEWS, KENTUCKY 40257-0097