



**CITY OF CAVE CITY  
BUSINESS LICENSE  
RENEWAL**

**AMOUNT DUE \$100.00**

Name of Business: \_\_\_\_\_

Owner: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone # \_\_\_\_\_

Federal ID # \_\_\_\_\_ or SSN \_\_\_\_\_ No. of Employees \_\_\_\_\_

Business Year Ends: Calendar \_\_\_ Fiscal \_\_\_ Fiscal Year Date \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF OWNER OR AUTHORIZED REPRESENTATIVE      DATE SIGNED**

**OFFICIAL USE ONLY**

Paid: \$ \_\_\_\_\_ Check \_\_\_ Cash \_\_\_ M.O. \_\_\_ Credit Card \_\_\_

Clerks Initials: \_\_\_\_\_ Date Received \_\_\_\_\_ License # \_\_\_\_\_

Mail Form to:  
P. O. Box 567  
Cave City, KY 42127

Phone – 270-773-2188