



THE CITY OF IRVINE

APPLICATION FOR GENERAL BUSINESS LICENSE

New (Initial) Fee: \$ _____

Penalty: 10% after January 31st of each year

APPLICANT INFORMATION

(An individual who is acting as an agent for the business)

APPLICANT NAME: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

EMAIL: _____

Have you previously ever operated a business within Irvine City Limits? YES: ____ NO: ____

If yes, When: _____ Address: _____

Type of Business: _____

BUSINESS INFORMATION

(All information in this section should pertain to the business)

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

NUMBER OF EMPLOYEES: _____

TYPE OF BUSINESS: _____

PROPERTY OWNER INFORMATION

PROPERTY OWNERS NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

REFERENCES

NAME: _____

PHONE NUMBER: _____

RELATIONSHIP: _____

NAME: _____

PHONE NUMBER: _____

RELATIONSHIP: _____

NAME: _____

PHONE NUMBER: _____

RELATIONSHIP: _____

CITY OF IRVINE

PHONE: (606)-723-2554

FAX: (606)-618-9111

101 CHESTNUT STREET

IRVINE, KY 40336

FELICIA F. CAMPBELL

CITY CLERK/TREASURER

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MAYOR, JAMES E. GROSS

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