

WARREN COUNTY PUBLIC SCHOOLS
OCCUPATIONAL LICENSE TAX APPLICATION (OLTA)

Phone: 270.842.7168

Occupational Tax Department

Fax: 270.842.3411

303 Lovers Lane, PO Box 51530, Bowling Green, KY 42102 -- Website: www.warrencountyschools.org

NOTE: Please print legibly, type or visit www.warrencountyschools.org and search for "OLTA" for the fillable PDF document. If you complete the fillable PDF, please print, sign and mail to the address above. If you have any questions, please contact us via email (see website) or via phone at 270.842.7168. Thank you for your time, compliance and assistance with this information.

1. Applicant Information:

- a. Name of Applicant(s): _____
- b. Trade Name or DBA: _____
- c. Email: _____ Website: _____

2. Identification Numbers: Federal Employer ID #: _____ SSN: _____

3. Warren County Location Information:

- a. How many locations will this business operate? ____ *If more than one*, attach a list, noting address of each location.
- b. Primary Warren County Physical Address (NO PO BOX): _____

- c. Primary Warren County Contact Info: Phone: _____ Cell: _____ Fax: _____

4. Property Information: Do you own the property in which you operate this business: Yes No *-If no, attach copy of lease.*

5. Dates of importance within jurisdiction: Operations Began ____/____/____ First Payroll ____/____/____

6. Description of Business Activity (check one):

- | | | | |
|--------------------------------------|-----------------------|-------------------|-----------------|
| Agriculture, Forestry, Fishing | Mining | Real Estate Sales | Wholesale Trade |
| Construction/Real Estate Development | Public Administration | Retail Trade | Other _____ |
| Insurance | Public Utilities | Services | |
| Manufacturing | Rentals (RE) | Transportation | |

7. Give brief description of primary business activity: _____

8. Accounting Period: Calendar Year or Fiscal Year -- *If fiscal year*, MM ____/DD ____ to MM ____/DD ____

9. Payroll Withholdings:

- a. Will you have employees living in the Warren County Public School District and working within the County of Warren? Yes No -- *If yes*, approximate number? _____
- b. Will you have contract (1099) labor in jurisdiction? Yes No
- c. First date wages and/or other compensations are to be paid to employees in jurisdiction? ____/____/____
- d. If you wish to have the withholding forms sent to an address other than listed in item "3(b)", please see page 2.

NOTE: Per Ordinance No. 46, adopted by the Board of Education and instituted January 1, 2008, §5 – Employers to Withhold – It is the **EMPLOYER’S** responsibility to withhold the applicable tax and submit them on the required periodic basis utilizing the required form(s). Employers who fail to comply shall be personally and individually liable to the District of which the District shall have the right to levy a lien upon all the property of any employer who fails to comply with Ordinance No. 46.

10. Business Situs:

NOTE: Business Situs constitutes business activity conducted within the jurisdiction that generates sales revenue or receipts from the sale, lease, or rental of goods, services or property within the jurisdiction and/or is paying compensation to employee(s) working within the jurisdiction.

- a. Have you or will you be conducting business within the jurisdiction? Yes No
- b. Indicate the date business activity began or will begin within the jurisdiction: ____/____/____
- c. Is the business, within jurisdiction, to be: Permanent Temporary
If temporary, approximate dates of activity: FROM ____/____/____ TO ____/____/____
- d. Exempt? Yes No *If yes*, please state the State Statue of Exemption: _____

AFFIDAVIT: I hereby certify/declare under penalty of perjury under the laws of the state of Kentucky that all information and statements herein and attached hereto are true and correct.

Applicant Printed Name: _____ **Official Title:** _____

Applicant Signature: _____ **Date:** _____

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THE INFORMATION PROVIDED BELOW IS CONFIDENTIAL & THEREBY NOT SUBJECT TO OPEN RECORDS

General Info.:

Primary Contact Name: _____ Ph/Cell #: _____

Primary Contact's Official Title: _____ Email: _____

Secondary Contact Name: _____ Ph/Cell #: _____

Secondary Contact Official Title: _____ Email: _____

Primary Mailing Address: _____ Phone No.: _____

Attention: _____ Cell No.: _____

_____ Fax No.: _____

_____ Email: _____

Website Address: _____

Home Office Info.:

Primary Mailing Address: _____ Phone No.: _____

Attention: _____ Cell No.: _____

_____ Fax No.: _____

_____ Email: _____

To whom and where do you want the following mailed:

1. Quarterly Employee Withholding Returns:

Primary Mailing Address: _____ Phone No.: _____

Attention: _____ Cell No.: _____

_____ Fax No.: _____

_____ Email: _____

2. Net Profit License Returns:

Primary Mailing Address: _____ Phone No.: _____

Attention: _____ Cell No.: _____

_____ Fax No.: _____

_____ Email: _____

Owner/Partner/Corporate Officer Info:

Attach Applicable KY Articles of Incorporation as Filed with the Secretary of State

W-9 REQUIRED: Please attach a completed W-9 with your application.