



CITY OF BOWLING GREEN, KY
 P.O Box 1410
 Bowling Green, KY 42102-1410
 (270) 393-3000
 www.bgky.org

NP

**CITY NET PROFIT
 EXTENSION**

FOR	YEAR	ENDED	DUE ON OR BEFORE
CITY OCCUPATIONAL ACCOUNT NUMBER			
S.S. # OR FED. ID #			

BUSINESS NAME AND MAILING ADDRESS
 ***** TYPE IN ALL CAPITALS *****

**Request for Automatic Extension of Time to File
 Municipal Net Profit License Fee Return**

LLC'S SPECIAL INSTRUCTIONS

LLC'S REPORTING INCOME UNDER A SEPERATE CITY ACCOUNT MUST PROVIDE THAT CITY ACCOUNT NUMBER FOR LICENSE FEE TO BE WAIVED WITH THIS RETURN.

CITY ACCT#

THIS RETURN MUST BE FILED BY THE ORIGINAL DUE DATE TO AVOID PENALTIES.

Extension Requests:

If an extension of time for filing is necessary, a copy of your Federal extension must be submitted on or before the due date of the return. The extension must be accompanied by payment equivalent to 90% of the fee due or an amount equal to the total liability for the most recent year. The amount paid with the extension cannot be less than the minimum \$30.00 fee. Regardless of the number of extensions approved, all license fees remaining unpaid after they become due, shall be subject to interest of 1% per month or portion of month from the original due date. All license fees remaining unpaid after the original due date or approved extension date, whichever is later, shall be subject to a five (5%) percent penalty per month not to exceed 25% of the unpaid license fees or twenty-five (\$25.00) dollars whichever shall be greater.

Estimated tax due enclosed with this form: \$ _____

Prior tax year carry forward/credit applied: \$ _____

Name: _____

Phone Number: _____

Email: _____

Copy of Federal Extension Attached

Mail this completed form to: City of Bowling Green
 Attn: Net Profit Extension Request
 P.O. Box 1410
 Bowling Green KY
 42102-1410

Credit card information is not retained in our files.



THIS INFORMATION IS CONFIDENTIAL & NOT SUBJECT TO OPEN RECORDS

Business Name _____

Please Bill VISA MasterCard Discover American Express

Credit Card Account # _____

Expiration Date: ____ - ____ - ____ Card Verification Code (found on back of card) _____

For the amount of \$ _____

Authorized Signature as it appears on card _____

Print the name and address the Visa, MasterCard, American Express or Discover monthly statement is mailed to:

Name _____ Business name if applicable: _____

Street Address or Post Office Box City State Zip Code

City forms with this page may be faxed to a secure location at 270.393.3636

If mailing this form use address below:

City of Bowling Green

P. O. Box 1410

Bowling Green, KY 42102-1410

Checklist:

1. Have you included a completed credit/debit card remittance form or a check payable to the City of Bowling Green?
2. Have you answered each question fully?
3. Have you signed your application certifying that all information is true and correct?
4. Do you have proper identification if requested at time of application?
5. Have you attached a signed/valid copy of your deed or lease if required?
6. Have all additional required documents been attached?
7. Have you given an accurate description of your product being sold or your service?
8. Have you indicated if your business will have Alcohol Sales or Live Entertainment at your business?