



\*FOR OFFICE USE ONLY

\*Acct. # \_\_\_\_\_

## **CITY OF BOWLING GREEN, KENTUCKY APPLICATION FOR CONSIGNMENT SHOP LICENSE**

Under Chapter 18-13.04 of the City of Bowling Green Code of Ordinances any person or business engaging in the business of promoting, operating or otherwise conducting an antique mall or consignment shop shall pay a yearly license fee of sixty (\$60.00) dollars which shall authorize the activity of individuals utilizing booths or spaces in these businesses. This annual fee shall be for the period July 1 to June 30 of the following year. Any new applications for a period less than twelve (12) months shall be prorated at the rate of five (\$5.00) dollars per month for the remaining months of the annual license.

The consignment license fee shall be in addition to the occupational license registration fee and any net profit fee and shall be payable in advance to the City.

Submit this completed application and fee to City of Bowling Green KY, P. O. Box 1410, Bowling Green KY 42102-0430. For any questions concerning this application contact the License Division at 270.393.3000.

Business Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Owner/Partner/Corporate Officer Information:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Residence \_\_\_\_\_  
(Street) (City) (State) (Zip)

I understand that any/all information contained herein is confidential under Chapter 18-11.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

**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?