



ESTIMATED PAYMENT

For Net Profit License Fee Return

This is not an Extension Request, for future Estimated Payments ONLY.

City of Bowling Green Account Number: _____

Federal Identification Number: _____

Social Security Number: _____

Payment to be applied to Calendar or Fiscal Year Ending: _____

Business Name: _____

Business Address: _____

Check Number: _____ Amount: _____

Name: _____

Phone Number: _____

Email: _____

Mail this completed form to: Attn: Occupational License Division
City of Bowling Green KY
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?