



**City of Coal Run**  
105 Church Street, Coal Run Village  
Pikeville, Kentucky 41501

Phone: 606-437-6032  
Fax: 606-766-1007  
Website: [www.coalrunky.gov](http://www.coalrunky.gov)

**BUSINESS LICENSE PERMIT APPLICATION**  
**Year 2026-2027**

**(Downloadable from City Website)**

Pursuant to City of Coal Run Village Ordinance No. 2013-02, **all businesses and vendors operating or doing business within the limits of the city must register for a yearly business license.** License must be displayed in your business and renewed each year on or before July 1.

Please complete the following application and submit to City Hall with fee of \$25 payable to the City of Coal Run. A permit will then be issued by the Clerk. **The permit may be mailed, emailed, or picked up by a representative of your business at City Hall between the hours of 9 a.m. and 4 p.m. Monday through Friday.** In Amended Ordinance No. 2022-03, license not renewed by July 15, will result in a citation fine of no less than fifty dollars (\$50.00) per day as stipulated in city ordinance plus the license fee.

**BUSINESS INFORMATION**

Name of Business \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Physical Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_ Telephone Number \_\_\_\_\_

Federal ID Number \_\_\_\_\_ Nature of Business \_\_\_\_\_

Type of Business

Proprietorship                       Partnership                       Corporation

Other, please specify \_\_\_\_\_

Is this business a  New Business  Established/Purchased Business?

If purchased, give name of previous owner/business name.

Will you have employees working in Coal Run?  Yes  No

What type of license do you need?  Regular/Permanent                       Transient/Temporary

**OWNER INFORMATION (Required)**

List the name(s) of owners of your business.

1. Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Best Contact Person: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Email: \_\_\_\_\_

Date	Signature	Title

*\*City of Coal Run Village is an Equal Opportunity Employer and Provider*