

ALLEN COUNTY, KY
Occupational Business License Registration Application

Mail To:
Occupational Tax Administrator
P.O. Box 115
201 West Main Street, Suite 5
Scottsville, KY 42164
(270) 237-3631 Telephone - (270) 237-9155 Fax

License Acct. #

Be it ordered and ordained by the Fiscal Court of Allen County, Kentucky, pursuant to Kentucky Constitution Section 181 and KRS 67.083(2).

Definition: The phrase "License Fee" shall mean a tax imposed for the privilege of exercising the right to engage in trade, occupation or profession or commissioned labor or compensation paid by others or the right to engage in business for one's profit or gain within Allen County, Kentucky boundaries at the rate/or equal to one (1) percent of gross, less expenses. No fee charge for license.

BUSINESS NAME _____

OWNER NAME(S) _____

___ Individual ___ Partnership ___ Corporation (Date organized ____/____/____ State____)

ADDRESSES

A. Location Address: _____ _____	B. Mailing Address: _____ _____
Location Phone: _____	Website: _____
Location Fax: _____	E-Mail Address: _____
	Driver's Lic.# _____

Local Manager/Rep Name: _____ Phone: _____

NATURE OF BUSINESS: (Please describe your business and its operation, including where and how sales, services, or other activities take place. Include site where working here on particular contract):

OPERATION IN ALLEN COUNTY STARTED ____/____/____
Mo Day Yr

DO YOU HAVE OR WILL HAVE EMPLOYEES WORKING IN ALLEN COUNTY? ___ YES ___ NO
A. Number of Employees ____ B. Estimated Quarterly Payroll \$ _____

ACCOUNTING PERIOD: ___ Calendar Year - Dec. 31 or ___ Fiscal Year Ended ____/____
Mo. Day

BUSINESS FEDERAL IDENTIFICATION NUMBER _____

BUSINESS OWNER(S) SOCIAL SECURITY NUMBER(S) _____

IF BUSINESS WAS OBTAINED FROM A PREVIOUS OWNER:

A. Give Date of Acquisition _____ B. Give Name of Previous Owner: _____

I HEREBY CERTIFY THAT ALL INFORMATION AND STATEMENTS HEREIN ARE TRUE AND CORRECT.

DATE: _____ **SIGNATURE:** _____ **PRINT:** _____