

Allen County Application for Occupational License Scottsville, Kentucky

MAIL TO: SANDRA G. MEADOR
Occupational Tax Administration
P.O. Box 115
Scottsville KY 42164

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.

(270) 237-3626, Telephone
(270) 237-9155, Fax

License No. _____

OFFICE USE ONLY

PART 1:

1. NAME/NAMES _____
 INDIVIDUAL PARTNERSHIP (LIST NAME AND ADDRESS OF EACH PARTNER ON LINE 11)
 CORPORATION (DATE ORGANIZED ___/___/___ STATE ___) OTHER
2. TRADE NAME _____
(IF DIFFERENT FROM THAT GIVEN ABOVE)
3. ADDRESSES (Please complete all address applicable—Indicate Zip Code, Telephone and Fax Numbers, E-mail)
 A. Location Address _____
 Telephone _____ Fax _____ E-mail _____
 B. Mailing Address (if different) _____
4. ACCOUNTING PERIOD
 Calendar Year—December 31 or Fiscal Year Ended ___/___/___
MONTH DAY
5. NATURE OF BUSINESS (Please describe your business and its operation, including where and how sales, services or other activities take place. Include any other pertinent information). _____

PART 2: On and after January 1, 1989, all persons engaged in any trade, occupation or profession within Allen County, when employed by another, shall pay a license fee measured by and equal to one (1) percent of gross wages to be withheld by employer and reported on quarterly. Commissioned labor to pay quarterly or annually.

6. STATE IDENTIFICATION NUMBER _____
 FEDERAL IDENTIFICATION NUMBER _____
 SALES TAX NUMBER _____
 APPLIED FOR NUMBER _____
 SOCIAL SECURITY NUMBER _____
7. DATE OPERATIONS STARTED IN ALLEN COUNTY ___/___/___
MONTH DAY YEAR
8. DO YOU OR WILL YOU HAVE EMPLOYEES WORKING IN ALLEN COUNTY? YES NO
 A. NUMBER OF EMPLOYEES _____ B. ESTIMATED QUARTERLY PAYROLL \$ _____
Date of employment in these areas was first given or will be given ___/___/___
MONTH DAY YEAR
9. DO YOU HAVE OR WILL YOU HAVE RECEIPTS FROM AN OCCUPATION OR BUSINESS ACTIVITY IN ALLEN COUNTY? YES NO
10. IF BUSINESS WAS OBTAINED FROM A PREVIOUS OWNER OR A CHANGE IN THE TYPE OF ORGANIZATION:
 a) Give Date of Acquisition or Change _____
 b) Give Name of Previous Owner of Organization _____
 c) Give Former Trade Name, if any _____
11. OTHER INFORMATION (Use back if necessary) _____

I hereby certify that all information and statements herein are true and correct.

Date _____ X _____
(SIGNATURE) (TITLE)