

**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. #
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*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:** \_\_\_\_\_