

PERRY COUNTY APPLICATION FOR BUSINESS LICENSE

481 MAIN STREET, STE 202 HAZARD, KY 41701 Phone: 606 436-0803 Fax: 606 436-0804

*****THERE IS NO FEE FOR THE APPLICATION FOR BUSINESS LICENSE*****
*****ANSWER ALL APPLICABLE QUESTIONS*****

NAME OF APPLICANT: _____

BUSINESS NAME: _____

MAILING ADDRESS: _____

CITY, STATE, AND ZIP: _____

TELEPHONE NUMBER: () _____ FAX NUMBER: () _____

DATE OPERATIONS BEGAN IN PERRY COUNTY: _____ / _____ / _____

NATURE OF BUSINESS: _____

(I.e. Manufacturing, Trade, Advertising Agency, Auto repair, Farming, Governmental, Rental properties, etc.)

TYPE OF BUSINESS: _____

(I.e. Corporation, C or S, Partnership, Individual, Fiduciary, Religious or Non-Profit, etc.)

CLOSING MONTH OF
ACCOUNTING YEAR: ____ / ____ / ____

FEDERAL TAX ID # OR
SOCIAL SECURITY #: _____

DO YOU CONDUCT BUSINESS WITHIN
PERRY COUNTY? (CIRCLE) YES NO

IF YES, INDICATE THE ESTIMATED (CIRCLE) 100% 75%
PERCENTAGE OF BUSINESS 50% 25%
CONDUCTED IN THE COUNTY OR 0%

CONTRACTORS: ATTACH A LIST OF ALL SUBCONTRACTORS AFFILIATED WITH YOUR WORK IN PERRY COUNTY.
PLEASE INCLUDE THEIR NAME, ADDRESS, TELEPHONE NUMBER AND FEDERAL I.D. NUMBER.

EMAIL ADDRESS

WITHHOLDING INFORMATION
(IF INFORMATION IS DIFFERENT FROM ABOVE)

CONTACT PERSON(S): _____

BUSINESS ADDRESS (LOCAL 911): _____

CITY, STATE, AND ZIP: _____

TELEPHONE NUMBER: () _____ FAX NUMBER: () _____

NUMBER OF EMPLOYEES: _____
(If self employed, do not include yourself unless
you withhold taxes from your pay)

SEASONAL: (Circle) Yes No
If yes, indicate which quarters employees will be employed:
1ST 2ND 3RD 4TH

NET PROFIT INFORMATION
(IF INFORMATION IS DIFFERENT FROM ABOVE)

CONTACT PERSON(S): _____

MAILING ADDRESS: _____

CITY, STATE, AND ZIP: _____

TELEPHONE NUMBER: () _____ FAX NUMBER: () _____

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS APPLICATION AND TO THE BEST OF MY
KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

SIGNATURE _____ TITLE _____ DATE _____

OFFICE USE ONLY: ACCOUNT # _____