



City of Scottsville, KY
Business License Registration Application
 City Treasurer's Office
 201 West Main Street, Suite 8
 Scottsville, KY 42164
 (270) 237-4472 phone
 (270) 237-4922 fax

*FOR OFFICE
 USE ONLY*

Acct #: _____

**To be completed in order to establish an account for reporting
 OCCUPATIONAL LICENSE FEES
 FOR
 SCOTTSVILLE, KENTUCKY**

*Every business or individual subject to the Occupational License Fee is required to complete this questionnaire and return it to the City Treasurer along with a **payment of \$30.00** to obtain an Occupational License.*

BUSINESS NAME _____

OWNER NAME(S) _____

___ Individual ___ Partnership ___ Corporation (Date organized ____/____/____ State _____)

ADDRESSES

A. Location Address: _____ B. Mailing Address: _____

_____ Website: _____

Location Phone: _____ E-Mail Address: _____

Location Fax: _____ 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 if here on particular contract): _____

OPERATION IN SCOTTSVILLE STARTED ____/____/____
 Mo Day Yr

DO YOU HAVE OR WILL HAVE EMPLOYEES WORKING IN SCOTTSVILLE? ___ 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:** _____