

**CITY OF WILLIAMSBURG
BUSINESS LICENSE
PO BOX 119
WILLIAMSBURG, KY 40769
PH# 606-549-6036 OR 606-549-6080**

PLEASE PRINT

BUSINESS NAME: _____

TYPE OF BUSINESS: _____

WORK LOCATION: _____

BUSINESS PHONE#: _____

EMAIL ADDRESS: _____

OWNER'S NAME: _____

MAILING ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE _____ **FAX** _____

CONTACT PERSON _____

SIGNATURE _____

**Cooking or Serving Food, you must have a pretreatment inspection prior to
obtaining business license. Call Mark Gilreath 606-549-6039**

DATE _____

OFFICE USE ONLY

Business ID# _____