

**CITY OF WILLIAMSBURG
BUSINESS LICENSE
PO BOX 119
WILLIAMSBURG, KY 40769**

PLEASE PRINT

BUSINESS NAME: _____

TYPE OF BUSINESS: _____

BUSINESS ADDRESS/LOCATION: _____

BUSINESS PHONE NUMBER: _____

OWNER'S NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____

SIGNATURE:

DATE: _____

OFFICE USE ONLY

Business ID Number: _____