

WHITLEY COUNTY APPLICATION FOR OCCUPATIONAL LICENSE TAX
P. O. BOX 268 WLLIAMSBURG, KY 40769 PHONE 606-539-0477 FAX 606-539-0478

THERE IS NO FEE FOR THE OCCUPATIONAL LICENSE TAX APPLICATION QUESTIONNAIRE

NAME OF APPLICANT _____

BUSINESS NAME _____

EMPLOYEE NAME _____

If an Employee of the Federal Government, U. S. Post Office , (ie Internal Revenue Service, Social Security Adm. or other Agency).

BUSINESS ADDRESS (LOCAL) _____

CITY, STATE, AND ZIP _____

TELEPHONE NUMBER _____ FAX NUMBER _____

DATE OPERATIONS BEGAN IN WHITLEY COUNTY _____

DESCRIPTION OF THE NATURE OF BUSINESS _____

TYPE OF BUSINESS: _____

I. E. Corporation, Partnership, Subchapter S. Corp., Limited Liability Co. Sole Proprietor , Non Profit, Governmental (ETC.)

FEDERAL TAX ID NUMBER IF ASSIGNED OR SOCIAL SECURITY NUMBER _____

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

PARTNERSHIPS: ATTACH A LIST OF PARTNERS. PLEASE INCLUDE THEIR NAME, ADDRESS, AND SOCIAL SECURITY NUMBER.

WITHHOLDING INFORMATION
**** IF DIFFERENT FROM ABOVE ****

CONTACT PERSON: _____

MAILING ADDRESS _____

CITY STATE AND ZIP _____

TELEPHONE NUMBER _____ FAX NUMBER _____

NET PROFIT INFORMATION
**** IF DIFFERENT FROM ABOVE ****

CONTACT PERSON: _____

MAILING ADDRESS _____

CITY, STATE, AND ZIP _____

TELEPHONE NUMBER _____ FAX NUMBER _____

CLOSING MONTH OF ACCOUNTING YEAR _____ / _____ / _____

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# _____