

OCCUPATIONAL LICENSING



"Good Land • Good Living • Good People"

419 Washington Street • Shelbyville, KY 40065
(502) 633-7685

REGISTRATION FORM

Please complete and return with \$25 registration fee to 419 Washington Street, Shelbyville, KY 40065. Make checks payable to: "Shelby County Occupational License Fee Office". Note: The following information is necessary for our records and will be held in strict confidence.

- 1) Business or trade name _____
Business Owner _____
- 2) Local business address (No PO Boxes)
Street _____ City _____ State _____ Zip Code _____
- 3) Mailing address for forms
Street _____ City _____ State _____ Zip Code _____
- 4) Email address (if applicable) _____
- 5) Telephone numbers Business _____ Fax _____
- 6) Social Security Number _____ Federal ID # _____
- 7) Nature of Business _____
- 8) Date business started in Shelby County _____ / _____ / _____ (Month/Day/Year)
- 9) Do you have employees working in Shelby County? If yes, how many? _____
 Simpsonville? If yes, how many? _____
- 10) Do you have self-employed persons within your business? _____
(If YES attach a list indicating name(s) and location of current project(s).)
- 11) Accounting period per federal income tax return Calendar year (12/31)
 Fiscal Year _____ / _____ (Month/Day)
- 12) Contact person name, address and telephone _____
Street _____
City _____ State _____ Zip Code _____ Phone _____

I certify to the best of my knowledge, the above information is true, accurate and complete.

Signature _____

Print Name and Title (i.e. Owner, CEO, etc.) _____

Date _____

Please indicate form of payment: CHECK # _____ CASH