SHELBY COUNTY OCCUPATIONAL LICENSING



"Good Land ~ Good Living ~ Good People" 419 Washington Street ~ Shelbyville, KY 40065 (502) 633-7685

Business License Renewal Form

In order for us to maintain current records, please complete the requested information below. Business Name or Trade Name:______ Acct #: ____ Business Owner:_____ Business address/where forms are mailed: ______ Contact information for payroll/corporate tax for operation within City of Simpsonville and/or Shelby Co Name:_____ Phone Number:____ Ext: Email Address: _____ Fax: _____ Do you currently have any employees? Yes____ No____ Yes_____ Are you currently using a third party pay roll company? No If yes, please provide the payroll company's name: ☐ We are no longer conducting business in Shelby County and request the account be closed. Please include your \$75.00 Business Recertification Fee along with this completed form. I certify to the best of my knowledge, the above information is true, accurate and complete. Signature Print Name Date