



OCCUPATIONAL LICENSE REGISTRATION FORM

Be it ordered and ordained by the Fiscal Court of Allen County, Kentucky, pursuant to the Kentucky Constitution Section 181 and KRS 67.083(2). *Definition: The phrase "License Fee" shall mean a tax imposed for the privilege of exercising the right to engage in trade, occupation, or profession or commissioned labor or compensation pay by others or the right to engage in business for one's profit or gain within Allen County, Kentucky boundaries at the rate of or equal to one (1) percent of gross, less expenses. No fee charge for license.*

ANSWER ALL APPLICABLE QUESTIONS, SIGN AND RETURN.

Business Name:

DBA:

Business Type:

☐ Individual ☐ Partnership ☐ Corporation ☐ S Corporation ☐ Fiduciary ☐ Farm
☐ Religious/Non-Profit ☐ Proprietorship ☐ Other: _____

Owner Name(s):

Physical Address:

Mailing Address:

Website:

Contact Name:

Email:

Phone:

Fax:

Do you have a payroll company? ☐ Yes ☐ No **If yes, Payroll Company Name:**

Nature of business: *(Please describe your business and its operation, including where and how sales, services, or other activities take place. Include site where working if here on particular contract.)* _____

Operation in Allen County started ____ / ____ / ____.

Do you have or will you have employees working in Allen County? ☐ Yes ☐ No

A. Number of employees _____ B. Estimated Quarterly Payroll \$ _____

Accounting Period ☐ Calendar Year - Dec. 31, or ☐ Fiscal Year Ended ____ / ____ / ____

Business Federal Identification #:

Business Owner(s) Social Security Number(s):

If business was obtained from a previous owner:

A. Date of Acquisition ____ / ____ / ____ B. Name of Previous Owner: _____

I hereby certify that all information and statements herein are true and correct.

Date:

Signature:

Print Name: