

TAYLOR COUNTY FISCAL COURT  
DIVISION OF OCCUPATIONAL TAX  
P.O. BOX 529  
CAMPBELLSVILLE KY 42719-0529

# REGISTRATION FORM

PHONE(270) 465-9760  
FAX # (270) 465-0380

Every business or individual subject to the Occupational License Fee is required to complete this application and return it to the Tax Administrator. (OAG-85-1) Kentucky Attorney General states that the Occupational Tax Office must let persons inspect records pertaining to principal business location, address and telephone number of each person or entity (trade name-if different) and nature of business of the person or entity filing the application.

## ANSWER ALL APPLICABLE QUESTIONS, SIGN, AND RETURN

### FOR BUSINESS USE ONLY

Business or Trade Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

LOCAL CONTACT PERSON: \_\_\_\_\_

Telephone #: (\_\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_\_) \_\_\_\_\_

ADDRESS TO RECEIVE QUARTERLY & ANNUAL FORMS: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

Telephone #: (\_\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_\_) \_\_\_\_\_

Date operations started in Taylor County: \_\_\_\_\_ Number of Employees \_\_\_\_\_ Seasonal \_\_\_\_ Yes \_\_\_\_ No

In which quarter will employees occur? \_\_\_\_ 1<sup>st</sup> \_\_\_\_ 2<sup>nd</sup> \_\_\_\_ 3<sup>rd</sup> \_\_\_\_ 4<sup>th</sup>

NATURE OF BUSINESS: \_\_\_\_\_

CIRCLE BUSINESS TYPE: Corporation S-Corporation Partnership Individual Fiduciary FARM  
Religious/Non-Profit Proprietorship Other (please specify) \_\_\_\_\_

Federal Tax I.D.# \_\_\_\_\_ Accounting Period \_\_\_\_ Calendar Yr (Jan. through Dec.) OR  
If none, use Social Security # \_\_\_\_\_ Fiscal Year (Month: \_\_\_\_\_)

Previous Owner's Name/Address (if applicable): \_\_\_\_\_

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### INDIVIDUAL USE ONLY: (EMPLOYER DOES NOT WITHHOLD TAX, OR YOU ARE AN "INDEPENDENT")

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

Business Phone: (\_\_\_\_\_) \_\_\_\_\_ Home Phone : (\_\_\_\_\_) \_\_\_\_\_

Business & Address where you work : \_\_\_\_\_

How employed?: \_\_\_\_\_

**ATTENTION CONTRACTORS: YOU MUST PROVIDE LIST OF SUB-CONTRACTORS, INCLUDING ADDRESSES.**

**ATTENTION PARTNERSHIPS: YOU MUST PROVIDE LIST OF PARTNERS, INCLUDING ADDRESSES.**

(IN EITHER CASE, ATTACH A SEPARATE SHEET IF NECESSARY)

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.

Please Print Name: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_