

**KNOX COUNTY FISCAL COURT
OCCUPATIONAL LICENSE FEE OFFICE**

*Knox County Courthouse
P.O. Box 177
Barbourville, KY 40906*

*Phone: (606) 546-8915
Fax: (606) 546-6196*

Every business or individual subject to the Occupational License Fee is required to complete this application and return it to the Fee Administrator. Answer all applicable questions.

FOR BUSINESS USE ONLY:

Name of business or trade name: _____

Business Street Address: _____
(Knox County Address)

City, State, Zip _____

Telephone Number: (____) _____ Fax Number (____) _____

Mailing Address: _____
(To receive quarterly and annual forms)

City, State, Zip _____

Telephone Number: (____) _____ Fax Number (____) _____

Date operations started in Knox County: _____ Approximate Number of Employees _____

Nature of Business: _____

Type of Business: ___ Corporation ___ S Corporation ___ Partnership ___ Individual ___ Fiduciary
___ Farm ___ LLC ___ Religious or Non-Profit Organization ___ Proprietorship
___ Other (Please specify) _____

Federal Tax ID# _____

Accounting period: _____ Calendar year (December 31) or _____ Fiscal year (month _____)

List previous owner's name and address: _____

List contact person(s) names(s): _____ Telephone: (____) _____

Form continues on next page...

INDIVIDUAL USE ONLY:

(also for those persons whose employer does not withhold quarterly taxes – including federal employees, i.e. United States Postal Service)

Name: _____

Address: _____

City, State Zip: _____

Federal Agency or Business for which you work and address: _____

Start date: _____ Social Security No.: _____

Telephone (Agency): (____) _____ (Home) (____) _____

CONTRACTORS:

List all Subcontractors working under you on this or any job in Knox County with address, social security information and phone number. (Use additional sheet if necessary)

PARTNERSHIPS:

List All Partners with Address and Social Security Information. (Use additional sheet if necessary)

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS APPLICATION, AND AS TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE.

Signature: _____

Title: _____

Date: _____