

BREATHITT COUNTY APPLICATION FOR BUSINESS LICENSE

P.O Box 2 JACKSON, KY 41339 Phone: 606 666-3800 x243 Fax: 606 272-6735

ANSWER ALL APPLICABLE QUESTIONS
*** PLEASE SUBMIT PAYMENT WITH APPLICATION ***

NAME OF APPLICANT: _____

BUSINESS NAME: _____

MAILING ADDRESS: _____

CITY, STATE, AND ZIP: _____

TELEPHONE NUMBER: () _____ FAX NUMBER: () _____

DATE OPERATIONS BEGAN IN BREATHITT COUNTY: _____ / _____ / _____

NATURE OF BUSINESS: _____

(I.e. Manufacturing, Trade, Advertising Agency, Auto repair, Farming, Governmental, Rental properties, etc.)

TYPE OF BUSINESS: _____

(I.e. Corporation, C or S, Partnership, Individual, Fiduciary, Religious or Non-Profit, etc.) **DO NOT LIST AS LLC**

CLOSING MONTH OF
ACCOUNTING YEAR: ____ / ____ / ____

FEDERAL TAX ID # OR
SOCIAL SECURITY #: _____

DO YOU CONDUCT BUSINESS WITHIN
BREATHITT COUNTY? (CIRCLE) YES NO

IF YES, INDICATE THE ESTIMATED (CIRCLE) 100% 75%
PERCENTAGE OF BUSINESS 50% 25%
CONDUCTED IN THE COUNTY OR 0%

CONTRACTORS: ATTACH A LIST OF ALL SUBCONTRACTORS AFFILIATED WITH YOUR WORK IN BREATHITT COUNTY. PLEASE INCLUDE THEIR NAME, ADDRESS, TELEPHONE NUMBER AND FEDERAL I.D. NUMBER.

PARTNERSHIPS: ATTACH A LIST OF PARTNERS. PLEASE INCLUDE THEIR NAME, ADDRESS, AND SOCIAL SECURITY NUMBER.

WITHHOLDING INFORMATION
(IF INFORMATION IS DIFFERENT FROM ABOVE)

CONTACT PERSON(S): _____

BUSINESS ADDRESS (LOCAL 911): _____

CITY, STATE, AND ZIP: _____

TELEPHONE NUMBER: () _____ FAX NUMBER: () _____

NUMBER OF EMPLOYEES: _____
(If self employed, do not include yourself unless
you withhold taxes from your pay)

SEASONAL: (Circle) Yes No
If yes, indicate which quarters employees will be employed:
1ST 2ND 3RD 4TH

NET PROFIT INFORMATION
(IF INFORMATION IS DIFFERENT FROM ABOVE)

CONTACT PERSON(S): _____

MAILING ADDRESS: _____

CITY, STATE, AND ZIP: _____

TELEPHONE NUMBER: () _____ FAX NUMBER: () _____

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.

OFFICE USE ONLY: ACCOUNT # _____