

DIVISION OF TAX COLLECTION

APPLICATION FOR AN OCCUPATIONAL LICENSE FEE ACCOUNT

All businesses are required to register and be assigned an account number, please complete and return to this office.

BUSINESS INFORMATION

- 1. Business or Trade Name
2. Street Address
3. Mailing Address
4. City State Zip
5. Federal Tax I.D. # Unemployment Insurance #
6. Accounting year end: Calendar year (December 31st) Fiscal year (month)
7. Business Phone Number: Fax Cell
8. Nature of Business:
9. Date business started in Pikeville
10. Check which: Corporation S Corporation Partnership Sole Proprietorship Individual Fiduciary LLC Religious or Non-Profit Organization Other, please specify
11. Will you have employees working in Pikeville?
12. Is business location properly zoned, and has a Certificate of Occupancy been obtained?
13. Has Inspection been completed by the Pikeville Fire Marshall?
14. Do you have any business locations that are not within the city limits of Pikeville?
15. Is this a new business or was it purchased?

OWNER INFORMATION - REQUIRED

- 16. List names of owners, partners, or, if corporation, officers and title. If additional room required attach separate sheet.
Person to contact.
a. Name Title
Address Home Ph. #:
City State Zip
SS #:
b. Name Title
Address Home Ph. #:
City State Zip
SS #:

Signature Title Date

Return To: CITY OF PIKEVILLE
DIVISION OF TAX COLLECTION
243 MAIN STREET • PIKEVILLE, KY 41501
(606) 437-5105 FAX (606) 444-5117
www.pikevillecity.com