

CITY OF PIKEVILLE

DIVISION OF TAX COLLECTION

Account Number _____

License Fee _____

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 _____
(to receive quarterly/annual forms)
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 _____ - _____
8. Nature of Business: _____
 - a. All contractors and subcontractors attach copy of worker's compensation insurance.
 - b. Contractors: List all subcontractors' name, address and telephone number _____

(attach separate sheet if necessary)
 - c. Job Cost _____
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? Yes No Number of Employees _____
12. Is business location properly zoned, and has a Certificate of Occupancy been obtained? Yes No
If NO, contact: Division of Building Inspection
Phone (606) 437-5176
13. Has Inspection been completed by the Pikeville Fire Marshall? Yes No
If NO, contact: Pikeville Fire Department
Phone (606) 437-5125
14. Do you have any business locations that are not within the city limits of Pikeville? Yes No
If Yes, please list location(s): _____

15. Is this a new business or was it purchased? New Purchased
If Purchased give name of previous owner and business name.

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 #: _____ - _____ - _____

X _____

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.pikevilleky.gov