

# 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**  
234 Main Street • Pikeville, KY 41501  
(606) 437-5105 • Fax (606) 444-5117 • www.pikevilleky.gov