

CITY OF PIKEVILLE
DIVISION OF TAX COLLECTION

Account Number _____

License Fee - \$50.00

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 _____ - _____ Email _____
- 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 #: _____ - _____ - _____ DL #: _____
- b. Name _____ Title _____
Address _____ Home Ph. #: _____ - _____
City _____ State _____ Zip _____
SS #: _____ - _____ - _____ DL #: _____

X _____
Signature Title Date

Return To: **CITY OF PIKEVILLE**
DIVISION OF TAX COLLECTION
243 Main Street • Pikeville, KY 41501
(606) 437-5102 • Fax (606) 432-6128 • www.pikevilleky.gov