

Account Number: \_\_\_\_\_

# CITY OF PIKEVILLE

## DIVISION OF TAX COLLECTION

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: \_\_\_\_\_ Email \_\_\_\_\_

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 \_\_\_\_\_

d. Job Address \_\_\_\_\_

9. Date business started in Pikeville \_\_\_\_/\_\_\_\_/\_\_\_\_

10. Check which:

Check if Rental

Corporation

S Corporation

Airbnb

Partnership

Sole Proprietorship

Residential

Individual

Fiduciary

Commercial

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) 437-5176

14. Is this a new business or was it purchased?  New  Purchased

If **PURCHASED** give name of previous owner and business name.

\_\_\_\_\_

15. List names of Owners, partners, or, if corporation, officers and title. If additional room required attach separate sheet.

Person to contact

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Home Ph. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DL # \_\_\_\_\_

X \_\_\_\_\_

Signature

Title

Date