

APPLICATION

TO THE CITY OF JAMESTOWN, KENTUCKY FOR
AN OCCUPATIONAL LICENSE

DATE _____

1. NAME _____

2. TRADE NAME (IF DIFFERENT) _____

INDIVIDUAL

CORPORATION

PARTNERSHIP

3. ADDRESS (Please complete all addresses applicable - indicate zip code and telephone number)

Principal Business Location _____

Telephone Number _____

Mailing Address _____

4. NATURE OF BUSINESS ACTIVITY _____

5. DATE OF START OF OPERATION IN JAMESTOWN _____

6. DO YOU HAVE OR WILL YOU HAVE EMPLOYEES WORKING IN JAMESTOWN? _____

7. OTHER INFORMATION _____

I hereby certify that all information and statements herein are true and correct

(SIGNATURE)

DATE

Business License Fee: \$100.00

Any business or individual subject to the Occupational License and/or Payroll Taxes is required to complete this application and return it to the City Clerk's Office. This information will be held in strict confidence.

MAKE CHECK PAYABLE TO: City of Jamestown
MAIL TO: CITY OF JAMESTOWN
Occupational License Dept.
P.O. BOX 587
JAMESTOWN, KY 42629