



WHITLEY COUNTY OCCUPATIONAL TAX OFFICE

David Owens, Tax Administrator

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THIS FORM MUST BE FILED BEFORE OPERATIONS COMMENCE

THIS FORM IS REQUIRED TO BE IN COMPLIANCE WITH WHITLEY COUNTY, KENTUCKY ORDINANCE NO. 2005-08

****ANSWER ALL APPLICABLE QUESTIONS****

*****THERE IS NO FEE FOR THE APPLICATION FOR BUSINESS LICENSE*****

*****ACCOUNT NUMBER IS REQUIRED FOR ALL WHITLEY COUNTY OCCUPATIONAL TAX FORMS FOR PROCESSING*****

NAME OF APPLICANT _____

BUSINESS NAME(If Different) _____

MAILING ADDRESS _____ DATE OPERATIONS BEGAN
IN WHITLEY COUNTY ____/____/____

TELEPHONE NUMBER __ (____) _____ FAX NUMBER __ (____) _____

NATURE OF BUSINESS _____
(i.e. Manufacturing, Postal, Restaurant, Type of Service, Type of Store, Real Estate, etc.)

PHYSICAL LOCATION _____ COUNTY _____ CITY OF CORBIN _____ CITY OF WILLIAMSBURG

MARK ONLY ONE (1) LOCATION. MULTIPLE LOCATIONS NEED MULTIPLE APPLICATIONS FILED.

IF REMOTE EMPLOYEE PLEASE PROVIDE THEIR PHYSICAL ADDRESS

FEDERAL TAX ID # OR SOCIAL SECURITY # _____ CLOSING MONTH OF ACCOUNTING YEAR ____/____/____

TYPE OF BUSINESS __ C CORPORATION, __ S COPPORATION, __ PARTNERSHIP, __ INDIVIDUAL, __ FIDUCIARY/TRUST, __ OTHER _____ DESCRIPTION

DO YOU HAVE EMPLOYEES _____ YES _____ NO
(IF YES YOU MUST SUBMIT COPIES OF FORM W-2)

DO YOU HAVE SUBCONTRACTORS _____ YES _____ NO
(IF YES YOU MUST SUBMIT COPIES OF FORM 1099)

IF EMPLOYEE IS REMOTE ARE THEY GENERATING REVENUE _____ YES _____ NO

*****COMPLETE THE FOLLOWING SECTIONS IF INFORMATION IS DIFFERENT FROM ABOVE*****
*****WITHHOLDING INFORMATION*****

CONTACT PERSON(S) _____
MAILING ADDRESS _____
CITY, STATE, ZIP _____
TELEPHONE NUMBER __ (____) _____ FAX NUMBER __ (____) _____

*****NET PROFIT INFORMATION*****

BUSINESS NAME _____
FEDERAL TAX # _____
CONTACT PERSON(S) _____
MAILING ADDRESS _____
CITY, STATE, ZIP _____
TELEPHONE NUMBER __ (____) _____ FAX NUMBER __ (____) _____

UNDER PENALTIES OF PERJURY, I DECLARE I HAVE EXAMINED THIS APPLICATION AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

SIGNATURE _____ TITLE _____ DATE _____

OFFICIAL USE ONLY: ACCOUNT # _____