

METCALFE COUNTY FISCAL COURT
OCCUPATIONAL LICENSE TAX (NET PROFITS) DIVISION
HISTORIC METCALFE COUNTY COURTHOUSE
100 EAST STOCKTON POST OFFICE BOX 149
EDMONTON, KENTUCKY 42129
PHONE [270] 432-3181 FAX [270] 432-3726

BUSINESS REGISTRATION FORM

Business Name: _____

Business
Phone # [_____] _____ Fax # [_____] _____ E-Mail _____

Local Site Address _____

Mailing Address [if different] _____

Business Start Date in Metcalfe County _____

Description of Business _____

Does your business deal with Adult Entertainment either directly, or indirectly? _____
If so explain in detail _____

Will you have employees working in Metcalfe County? _____

Number of employees in Metcalfe County _____

Check Entity Type [] Individual [] Partnership [] Corporation
[] Limited Liability Co. [] Limited Liability Partnership [] Non-Profit
[] Other _____

I certify that all information on this application is true and correct.

Signature of Applicant

Date

INFORMATION ABOVE AVAILABLE TO PUBLIC

OWNER(S), PARTNER(S), OR OFFICER(S): (attach separate sheet if necessary)

Name: _____

Date of Birth: _____ **Fed ID # or SS #** _____

Address: _____

_____, _____

Name: _____

Date of Birth: _____ **Fed ID # or SS #** _____

Address: _____

_____, _____

Name: _____

Date of Birth: _____ **Fed ID # or SS#** _____

Address: _____

_____, _____

Name: _____

Date of Birth: _____ **Fed ID # or SS#** _____

Address: _____

_____, _____

Name: _____

Date of Birth: _____ **Fed ID # or SS#** _____

Address: _____

_____, _____

INFORMATION BELOW IS CONFIDENTIAL

METCALFE COUNTY ACCOUNT NUMBER: _____
[To be assigned by office]

Accounting period per Federal Return: Calendar Year _____

Fiscal Year End Date: _____

Social Security Number: _____

Federal I. D. Number: _____

Accountant [Firm or Individual]:

Name: _____ **Phone:** _____

Check if applicable to above business: [] Live Entertainment

Where should the quarterly payroll tax returns be mailed:

Mailing Name and Address:

_____ **Phone:** _____

_____ **Fax:** _____

Where should the County Net Profit forms be mailed:

Mailing Name and Address:

_____ **Phone:** _____

_____ **Fax:** _____