

**METCALFE COUNTY FISCAL COURT  
OCCUPATIONAL LICENSE TAX - NET PROFITS DIVISION  
201 NORTH MAIN STREET, PO BOX 149  
EDMONTON, KY 42129  
PHONE 270-432-3181 FAX 270-432-3726  
EMAIL - [metcofc@scrtc.com](mailto:metcofc@scrtc.com)**

**BUSINESS REGISTRATION FORM**

Business Name: \_\_\_\_\_

Business  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

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 working 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 THE 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: \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**INFORMATION BELOW IS CONFIDENTIAL**

**METCALFE COUNTY ACCOUNT #** (to be assigned by office) \_\_\_\_\_

Accounting period per Federal Return: \_\_\_\_\_ Federal Year End Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Federal ID #: \_\_\_\_\_

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 profits forms be mailed?

Mailing name and address:

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_