

**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**

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: _____
