

CITY OF JEFFERSONTOWN
BUSINESS LICENSE QUESTIONNAIRE
Jeffersontown, Kentucky 40299

10416 Watterson Trail

Phone: (502) 267-8333
Fax: (502) 267-0547

Pursuant to City Ordinance No. 1127, Series 2007, persons, firms or organizations engaged in any trade or profession operating in the City of Jeffersontown for profit or gain, to first register with said City.

PLEASE COMPLETE AND RETURN TO CITY HALL WITHIN 10 DAYS OR UPON START-UP OF BUSINESS
Annual business license fee, if applicable: \$75.00

Type or Print PLEASE ANSWER ALL QUESTIONS Type or Print

1. Name: (If registering as individual) _____
2. Corporation Name: _____
3. Trade Name or D.B.A. (If different than above) _____
If corporation: Name and address of filing agent for service of process in Kentucky.
Name: _____ Address: _____
City, State, Zip: _____ Phone: _____
Date Organized: _____ State Filed In: _____
4. Federal Tax I.D.: _____ or Social Security No.: _____
5. Nature of Business: _____
6. Date business or work started or will start in Jeffersontown: _____
7. Number of employees: _____

IF BUSINESS HAS EMPLOYEES WORKING IN JEFFERSONTOWN, EMPLOYER IS REQUIRED TO FILE
QUARTERLY OCCUPATIONAL FEES WITH THE CITY OF JEFFERSONTOWN

8. If you are obtaining a previous established business or a change in the organization has occurred:
Date of change: _____ Date employment began: _____
Former corporation or trade name, if any: _____
9. Address: (Please complete all applicable)
...if business is physically located in Jeffersontown, Kentucky
Street: _____ Zip: _____ Phone: _____
Fax: _____ Contact: _____
Mailing Address: (If different than above)
Street: _____ City, State, Zip: _____
Phone: _____ Fax: _____ Contact: _____
Address for payroll withholding: (If different than above)
Street: _____ City, State, Zip: _____
Phone: _____ Fax: _____ Contact: _____
10. For additional information or in case of emergency contact:
Name: _____ Phone: _____

****PLEASE NOTE** It is the responsibility of the applicant to inform the City License/Tax Department of changes in addresses, number of employees, owner changes or termination of business activity. Failure to do so may involve additional penalties.**

Signature: _____ Date: _____

(FOR OFFICE USE ONLY)

ACCOUNT NUMBER: _____