WASHINGTON COUNTY FISCAL COURT P.O. BOX 126 SPRINGFIELD, KY 40069

APPLICATION FOR OCCUPATIONAL LICENSE

NAME OF APPLICANT:	
BUSINESS NAME:	
BUSINESS ADDRESS:	
MAILING ADDRESS (IF DIFFERENT):	
CITY, STATE, ZIP:	
TELEPHONE NUMBER:	
NATURE OF BUSINESS ACTIVITY:	
DO YOU HAVE EMPLOYEES? YES NIF YES, NUMBER OF EMPLOYEES:	KO
PLEASE NOTE: IF YOU DO NOT HAVE EM BUT ACQUIRE THEM AT A LATER DATE, F COUNTY OCCUPATIONAL LICENSE FEE (V EFFECTIVE ON APRIL 1, 1997. WITHHOLD WAGES.	PLEASE NOTIFY THIS OFFICE. A WITHHOLDING TAX) BECAME
WHEN DO YOU EXPECT TO BEGIN DOING COUNTY?	BUSINESS IN WASHINGTON
	SIGNATURE OF APPLICANT
	TITLE
	DATE:

PLEASE RETURN THIS APPLICATION TO THE WASHINGTON COUNTY TREASURER AT THE ABOVE ADDRESS, TOGETHER WITH YOUR LICENSE FEE OF \$25.00, WHICH IS RENEWABLE YEARLY. IF YOU HAVE ANY QUESTIONS, PLEASE CALL (859) 336-5430.