

Washington County Fiscal Court
PO Box 126
Springfield, KY 40069

Application for Occupational License

Name of applicant: _____

Business name: _____

Taxpayer Identification Number (TIN): _____

Business address: _____

Mailing address (if different): _____

City, state, zip: _____

Telephone number: _____

Email address: _____

Nature of business activity: _____

Do you have employees? Yes _____ No _____

If yes, number of employees: _____

Please note: If you do not have employees at the present time but acquire them at a later date, please notify this office. A county occupational license fee (withholding tax) became effective on April 1, 1997. Withholding rate is .75% of gross wages.

Date you expect to begin doing business in Washington County? _____
or is this a renewal? _____

Signature of applicant

Title

Date: _____

Please return this application with \$25 license fee to the above address. Checks to be made payable to Washington County Treasurer. This license is renewable yearly. If you have any questions, please contact Robin Schrader at (859) 336-5430 or RSchrader@washingtoncountky.gov.