

**WOODFORD COUNTY FISCAL COURT**  
**103 SOUTH MAIN STREET ROOM 201**  
**VERSAILLES, KY 40383**  
**(859) 873-5701 FAX (859) 873-0196**

Every business or individual subject to the Occupational License Fee is required to complete this application and return it to the Tax Administrator. (OAG-85-1) Kentucky Attorney General states that the Occupational Tax Office must let persons inspect records pertaining to principal business location, address and telephone number of each person or entity (trade name-if different) and nature of business of the person or entity filing the application. Please answer all applicable questions:

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**FOR BUSINESS USE ONLY:**

Name of business or trade name: \_\_\_\_\_

Business Street Address  
(Woodford County Address) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Mailing Address  
(To receive quarterly and annual forms) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_\_ Fax number: (\_\_\_\_) \_\_\_\_\_

Date operations started in Woodford County: \_\_\_\_\_ Approx. Number of employees \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Corporation \_\_\_\_\_ S Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_ Fiduciary \_\_\_\_\_ Farm  
\_\_\_\_\_ LLC \_\_\_\_\_ Religious or Non-Profit Organization \_\_\_\_\_ Proprietorship \_\_\_\_\_ Other (Please specify) \_\_\_\_\_

Federal Tax I.D.# \_\_\_\_\_ Accounting period: \_\_\_\_\_ Calendar year (December 31st) \_\_\_\_\_ Fiscal year (month \_\_\_\_\_)

List other business entities in Woodford County \_\_\_\_\_

List contact person(s) name(s) \_\_\_\_\_ telephone# \_\_\_\_\_

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**INDIVIDUAL USE ONLY: (FOR THOSE PERSONS WHOSE EMPLOYER DOES NOT WITHHOLD QUARTERLY TAXES: FEDERAL EMPLOYEES INCLUDING UNITED STATES POSTAL SERVICE)**

Name: \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Federal Agency/Business for which you work and address: \_\_\_\_\_

Start date \_\_\_\_\_ Social Security # \_\_\_\_\_

Telephone number (Agency) (\_\_\_\_) \_\_\_\_\_ (Home) (\_\_\_\_) \_\_\_\_\_

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**CONTRACTORS: List All Subcontractors Working under You on this or any Job in Woodford County.**  
**PARTNERSHIPS: List All Partners with Address and Social Security Information. (Use additional sheet if necessary)**

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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct and complete.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_