



Franklin County Business License Application

Phone (502) 875-8709 ~ Fax (502) 875-8755

OFFICE USE ONLY		
Payment	Amount Rcvd.	Date Received
<input type="checkbox"/> Cash		
<input type="checkbox"/> Check		
Approved	By	Business ID Number
<input type="checkbox"/> Yes		
<input type="checkbox"/> No		

- Submit this application along with the \$10.00 Questionnaire Fee. (Non-refundable)
- Withhold 1% of gross salaries per pay period per applicable employee.
- File a Quarterly Return with Franklin County Government (Quarterly Returns are mailed to you prior to the end of each quarter).

Note: Non-profit organizations are not required to pay the initial \$10.00; however the organization must withhold 1% on applicable employees.

Return to: Occupational Tax Collector P.O. Box 594, Frankfort, KY 40602

- Business Applicant** _____
 - Doing Business As** _____
 - Physical Business Address** _____
(No P O Boxes) Zip Code _____
 - Address work will be performed** _____
 - Mailing address for forms if different than above** _____
Zip Code _____
- Check if Mailing Address is to a tax preparer which is not an employee of your business. If so, you **must** complete Lines 2 and/or 3 above.
- E-mail address** _____
 - Contact Name** _____
 - Telephone numbers** **Business** _____ **Fax** _____ **Home** _____
 - Ownership** Sole proprietor Partnership Corporation S Corporation
 Non Profit (attach federal exemption letter) Other
 - Name of owner(s), partners, or corporate officers** _____

 - Social security number** _____ **Federal ID#** _____
 - Nature of business** _____
 - Date work is to begin in Franklin County?** _____ **Do you have employees?** YES NO
Est. Number of Employees: _____
(Working in Franklin County)
 - Is this a Franklin County home office?** YES NO
If "YES", you must complete the "Home Office Questionnaire" form.
 - Accounting period per federal income tax return?** Calendar Year Fiscal Year (month/day) _____
 - Have you held a Franklin County Business License before?** YES NO
 - Are you taking over an existing business:** YES NO

I certify that, to the best of my knowledge, the above information is true, accurate and complete.

Signature

Title

Date