



Franklin County Business License Application

Phone (502) 875-8709 ~ Fax (502) 875-8737

| 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 \$40.00 Questionnaire Fee. (Non-refundable). Payable to Franklin Co. Treasurer
- Withhold 1% of gross salaries per pay period per applicable employee.
- File quarterly withholding returns and annual Net Profits Returns with Franklin County. The rate for each is 1%.

Note: Non-profit organizations are not required to pay the initial \$40.00; however the organization must withhold 1% on applicable employees.

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

1) **Business Applicant** _____

2) **Doing Business As** _____

3) **Physical Business Address** _____
 (No P O Boxes) Zip Code _____

4) **Address work will be performed** _____

5) **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.

6) **E-mail address** _____

7) **Contact Name** _____

8) **Telephone numbers** **Business** _____ **Fax** _____ **Home** _____

9) **Ownership** Sole proprietor Partnership Corporation S Corporation
 Non Profit (attach federal exemption letter) Other

10) **Name of owner(s), partners, or corporate officers** _____

11) **Social security number** _____ **Federal ID#** _____

12) **Nature of business** _____

13) **Date work is to begin in Franklin County?** _____ **Do you have employees?** YES NO
Est. Number of Employees: _____
 (Working in Franklin County)

14) **Is this a Franklin County home office?** YES NO
 If "YES", you must complete the "Home Office Questionnaire" form.

15) **Accounting period per federal income tax return?** Calendar Year Fiscal Year (month/day) _____

16) **Have you held a Franklin County Business License before?** YES NO

17) **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 _____