



# 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 \_\_\_\_\_

\_\_\_\_\_ 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) Tax Classification  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 \_\_\_\_\_