

# Clark County Fiscal Court

34 SOUTH MAIN STREET

WINCHESTER, KY 40391

859-745-0202

FAX: 859-737-5678

## Occupational License/Payroll Tax Application

Legal Name of Business or Applicant if Sole Proprietor: \_\_\_\_\_

\_\_\_\_\_

Mailing Address of Business: \_\_\_\_\_

Physical Location or Job Site In Clark County: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

Calendar or Fiscal Year End: \_\_\_\_\_

If self employed, provide owner Social Security Number: \_\_\_\_\_

Business Entity:  Sole Proprietor  Partnership  Corporation  S Corp  
(Select One)

LLC Individual  LLC Partnership  Non Profit  Other

Nature or Kind of Business: \_\_\_\_\_

Date Business will begin in Clark County: \_\_\_\_\_

How many employees will your company have in all locations?: \_\_\_\_\_

Are you engaged in agriculture business within Clark County and if so, what is your main product? \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Person Phone Number: \_\_\_\_\_