



# Knox County Fiscal Court



Office of Occupational License Fee Administrator

401 Court Square · Suite 6

PO Box 177

Barbourville, KY 40906

Phone: 606.546.8915 · Fax: 606.546.6196

kftax@barbourville.com

**Every business or individual subject to the Occupational License Fee is required to complete this application and return it to the Fee Administrator. Answer all applicable questions.**

**FOR BUSINESS USE ONLY:**

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

Business Street Address: \_\_\_\_\_  
(Knox County Address)

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

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

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

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

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

Date operations started in Knox County: \_\_\_\_\_ Approximate 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 ID# \_\_\_\_\_

Accounting period: \_\_\_\_\_ Calendar year (December 31) or \_\_\_\_\_ Fiscal year (month \_\_\_\_\_)

List previous owner's name and address: \_\_\_\_\_

List contact person(s) names(s): \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

*Form continues on reverse...*

**INDIVIDUAL USE ONLY:**

(also for those persons whose employer does not withhold quarterly taxes – including federal employees, i.e. United States Postal Service)

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

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

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

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

\_\_\_\_\_

Start date: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Telephone (Agency): (\_\_\_\_) \_\_\_\_\_ (Home) (\_\_\_\_) \_\_\_\_\_

**CONTRACTORS:**

List all Subcontractors working under you on this or any job in Knox County with address, social security information and phone number. (Use additional sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARTNERSHIPS:**

List All Partners with Address and Social Security Information. (Use additional sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS APPLICATION, AND AS TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE.**

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_