

**APPLICATION FOR NELSON COUNTY
OCCUPATIONAL LICENSE FEE ACCOUNT**

NAME

d/b/a

ADDRESS

PHONE NUMBER:

FAX NUMBER:

EMAIL ADDRESS

CONTACT PERSON:

TITLE:

FED. I.D. OR SOCIAL SECURITY NUMBER:

Accounting Period _____ Calendar Year (December 31st) _____ Fiscal year (month ____)

TYPE OF OWNERSHIP:

- _____ INDIVIDUAL
- _____ PARTNERSHIP (LIST PARTNERS)
- _____ SUBCHAPTER S CORP (LIST SHAREHOLDERS)
- _____ OTHER CORP. (FOR PROFIT)
- _____ NON-PROFIT CORP.
- _____ GOVERNMENTAL ENTITY
- _____ OTHER, PLEASE SPECIFY _____

Approximate Number of Employees _____

SIGNATURE: _____ **DATE:** _____

TITLE: _____

**MAIL TO: NELSON OCCUPATIONAL LICENSE ADMINISTRATOR
ONE COURT SQUARE STE 202 PO BOX 578 BARDSTOWN, KY 40004
PHONE: 502-348-1862 FAX: 502-348-1897
Web Site nelsoncountyky.com**