

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

BUSINESS INFORMATION	INDIVIDUAL INFORMATION
NAME	
DOING BUSINESS AS	
ADDRESS	
PHONE NUMBER	
FAX NUMBER	
EMAIL ADDRESS	
CONTACT PERSON	
FED ID AND SOCIAL SECURITY NUMBER	

TYPE OF OWNERSHIP

INDIVIDUAL

PARTNERSHIP OR S-CORP

C -CORP

NON PROFIT

OTHER FILING FEDERAL TAX RETURN AS: _____

NUMBER OF EMPLOYEES: _____

DO YOU HAVE CONTRACT LABOR? NO YES

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

TITLE: _____

NO FEE DUE WITH THIS APPLICATION

**MAIL TO: NELSON COUNTY OCCUPATIONAL LICENSE
ATTN: TERESA BLANDFORD
ONE COURT SQUARE STE 202 PO BOX 578 BARDSTOWN, KY 40004
PHONE 502-348-1862 FAX: 502-348-1897
WEB SITE nelsoncountyky.com
EMAIL ADDRESS: nelsonolf@bardstown.com**