

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 [nelsoncountky.com](http://nelsoncountky.com)  
Email address [nelsonolf@bardstown.com](mailto:nelsonolf@bardstown.com)