

**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
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