

# CITY OF WILMORE

335 E. MAIN ST.  
WILMORE, KENTUCKY 40390  
TELEPHONE: (859) 858-4411  
FAX: (859) 858-3595

Name of Business or DBA: \_\_\_\_\_ Account # \_\_\_\_\_

Owner/Owners: \_\_\_\_\_

FEIN: \_\_\_\_\_ or Social Security # \_\_\_\_\_

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

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

Check box if mailing address is the same as above.

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

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

Nature of Business: \_\_\_\_\_

Date Business Started or will start in Wilmore: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Form of Business:

\_\_\_\_ Individual owner    \_\_\_\_ Corporation    \_\_\_\_ Partnership    \_\_\_\_ SubS Corp    \_\_\_\_ Fiduciary  
\_\_\_\_ Non-Profit Corp    \_\_\_\_ Government    \_\_\_\_ Other (describe) \_\_\_\_\_

Was business acquired from previous licensee? Yes or No If yes, who? \_\_\_\_\_

Do you have employees working within the city limits? Yes or No If yes, how many? \_\_\_\_\_

If working temporarily within the city limits, give dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ until \_\_\_\_/\_\_\_\_/\_\_\_\_

Job site: \_\_\_\_\_

**I hereby certify that the information provided is true and accurate to the best of my knowledge.**

**Please remit \$50.00 application fee with this application by January 31st. On February 1<sup>st</sup> a \$25.00 late penalty fee will be added to the Business License Fee.**

Signature \_\_\_\_\_ Date \_\_\_\_\_