

CITY OF WILMORE

210 S. LEXINGTON AVE.
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 1st a \$25.00 late penalty fee will be added to the Business License Fee.

Signature _____ Date _____