



"A Renaissance Kentucky City"

CITY OF VERSAILLES BUSINESS REGISTRATION FORM

P.O. Box 625
Versailles, KY 40383
(859) 873-5184 FAX (859) 873-5969

Name of business or trade name: _____

Business street address: _____

City, State, Zip: _____

Mailing address: _____

City, State, Zip: _____

Telephone number:(____)_____ Fax number(____)_____

Owners's name: _____

Owner's address: _____

City, State, Zip:_____ Home phone(____)_____

Date operations started in Versailles:_____ Approximate number of employees:____

Nature of business:_____

Type of business:___Corporation___SCorporation___Partnership___Individual___Fiduciary
___Farm___LLC___Religious or Not for Profit___Other(Please Specify)_____

Federal EIN: _____ Social Security Number: _____

Accounting Period:_____ Calendar year(December 31st)_____ Fiscal year(Month _____)

List Contact persons(s) names(s)_____ Telephone(____)_____

List previous owner's name and address: _____

ALL BUSINESS: List all subcontractors working under you on this or any job in the City of Versailles. (Attach additional sheets including: Name, Address, & Social Security Number)

PARTNERSHIPS: List all Partners with Address and Social Security Information. (Usa additional sheets)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct and complete.

**PLEASE REMIT A CHECK OR MONEY ORDER FOR \$50.00 WITH QUESTIONNAIRE. PAYABLE TO:
THE CITY OF VERSAILLES.**

Signature:_____ Title:_____

Date:_____