



CITY OF VERSAILLES BUSINESS REGISTRATION FORM

(NO FEE REQUIRED WITH APPLICATION)

PHONE (859) 873-5184 – FAX (859) 873-5969

<https://versailles.ky.gov>

Return to: City of Versailles Tax Clerk

P.O. Box 625, Versailles, KY 40383

or email to mjacobs@versaillesky.com

ORDINANCE 110.02 OCCUPATIONAL LICENSE APPLICATION REQUIRED

Every person and business entity engaged in any business in the City of Versailles shall be required to apply for and obtain an occupational license from the City of Versailles before the commencement of business or in the event of a change of business status. Licensees are required to notify the city of any changes in address, the cessation of business, or any other changes which render the information supplied to the city in the license application inaccurate. (Ord. 2007-25, passed 12-20-07)

Name of Business or trade name _____

Date operations began in Versailles: _____ Approximate number of employees: _____

Nature of business _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Physical Address: (Same as mailing) _____

City _____ State _____ Zip Code _____

Phone Number () _____ Fax Number () _____

Tax Classification: Corporation SCorporation Partnership Individual Fiduciary

Farm LLC Religious/Not for Profit Other (Please specify) _____

Federal EIN: _____ Social Security Number _____

Accounting Period Calendar Year (Jan. 1 – Dec. 31) Fiscal Year (Month) _____

Contact(s)

Name _____ Title _____

Phone () _____ Email _____

Name _____ Title _____

Phone () _____ Email _____

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. (Use 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.

Signature

Printed Name

Title

Date