

RUSSELL COUNTY GOVERNMENT

Every business or individual subject to the Occupational License Fee is required to complete this questionnaire and return it to the Tax Administrator, P. O. Box 7, Jamestown, KY 42629.

ANSWER ALL QUESTIONS

1. OWNER'S NAME: \_\_\_\_\_
2. ADDRESS: \_\_\_\_\_
3. CITY, STATE, ZIP: \_\_\_\_\_
4. TRADE NAME: \_\_\_\_\_  
\_\_\_ INDIVIDUAL \_\_\_ PARTNERSHIP \_\_\_ CORPORATION \_\_\_ S-CORPORATION  
\_\_\_ LIMITED LIABILITY \_\_\_ NON-PROFIT
5. RUSSELL COUNTY ADDRESS: \_\_\_\_\_
6. CITY, STATE, ZIP: \_\_\_\_\_
7. MAILING ADDRESS (IF DIFFERENT): \_\_\_\_\_  
\_\_\_\_\_
8. TELEPHONE NUMBER: (LOCAL) \_\_\_\_\_  
(CORPORATE, IF DIFFERENT) \_\_\_\_\_
9. FEDERAL TAX ID # OR SOCIAL SECURITY #: \_\_\_\_\_
10. NATURE OF BUSINESS: \_\_\_\_\_
11. DATE OPERATIONS STARTED IN RUSSELL COUNTY: \_\_\_\_\_
12. WILL YOU HAVE EMPLOYEES IN RUSSELL COUNTY: \_\_\_\_\_ YES \_\_\_\_\_ NO
13. WILL THEY BE SEASONAL EMPLOYEES: \_\_\_\_\_ YES \_\_\_\_\_ NO IF YES,  
PLEASE INDICATE WHICH QUARTERS EMPLOYMENT WILL OCCUR: 1ST \_\_\_\_\_ 2ND \_\_\_\_\_  
3RD \_\_\_\_\_ 4TH \_\_\_\_\_
14. ACCOUNTING PERIOD: CALENDAR YEAR (DECEMBER 31ST) \_\_\_\_\_  
FISCAL YEAR: (\_\_\_\_\_/\_\_\_\_\_) \_\_\_\_\_
15. PLEASE LIST ANY PREVIOUS OWNERS INFORMATION BELOW:  
\_\_\_\_\_  
\_\_\_\_\_
16. ADDITIONAL REMARKS: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE