

Questionnaire for  
Occupational License



Form BQ100  
Revised 11/2018

Revenue Commission

Note: Certain information provided on this questionnaire such as business name, business address and owner's name may be subject to public release under open records requests. However, the owner's personal information, including but not limited to social security number and/or federal identification number, home address and reported financial information is **strictly confidential and cannot be released to the public.**

**Return to: Georgetown/Scott County Revenue Commission, PO Box 800, Georgetown, KY 40324**

1) Business or individual name \_\_\_\_\_

2) Local business address \_\_\_\_\_ Zip Code \_\_\_\_\_  
(No P O Boxes)

3) Mailing address for \_\_\_\_\_ Zip Code \_\_\_\_\_  
forms (if different)

4) Email address (if applicable) \_\_\_\_\_

5) Telephone numbers Business \_\_\_\_\_ Fax \_\_\_\_\_

6) Ownership Individual  Partnership  Corporation  S corporation   
LLC/sole prop  LLC/partnership  Non-profit  Other

7) Name of owner(s), partners, \_\_\_\_\_  
or corporate officers \_\_\_\_\_

8) Social security number \_\_\_\_\_ Federal ID# \_\_\_\_\_

9) Nature of business \_\_\_\_\_

10) Date business or individual started in Georgetown/Scott County? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Month/Day/Year)

11) Will you be working within the city limits of Georgetown?  YES  NO

12) Do you have employee working in Georgetown/Scott County?  YES  NO  
If YES, how many? \_\_\_\_\_

13) Do you have employees that are residents of Scott County?  YES  NO

14) Do you have subcontractors? (If YES, attach a list and  YES  NO  
indicate name and location of current project(s).)

15) Accounting period per federal income tax return  Calendar year (12/31)  
 Fiscal year \_\_\_\_\_ / \_\_\_\_\_ (Month/Day)

16) Tax preparer name, address and telephone \_\_\_\_\_  
\_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

17) Contact person name, address and telephone \_\_\_\_\_  
\_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

I HEREBY CERTIFY THAT ALL INFORMATION AND STATEMENTS HEREIN ARE TRUE AND CORRECT. Any false statements made herein shall be punishable according to law; and may be cause for denial of the application or the revocation of the business license. Failure to fill out the application completely may result in the disqualification of the application.  
COMMUNICATION ACKNOWLEDGEMENT: Completion of this application shall serve as permission for Georgetown-Scott County Revenue Commission to contact the account holder in any of the methods set forth (phone, email, website, etc.) I understand and acknowledge that I may be contacted for collection efforts should my account become delinquent.

Signature

Printed name

Date