

Questionnaire for
Occupational License



Form BQ100
Revised 11/2016

*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 social security number and/or federal identification number, 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 _____
(No P O Boxes) _____ Zip Code _____

3) Mailing address for forms (if different) _____
_____ Zip Code _____

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 indicate name and location of current project(s).) YES NO

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 certify, to the best of my knowledge, the above information is true, accurate and complete.

Signature Printed name Date