

**Jessamine County/City of Nicholasville  
OCCUPATIONAL LICENSE FEE ACCOUNT  
BUSINESS REGISTRATION**

**Return to: Occupational Tax Office, 105 Court Row, Nicholasville, Kentucky 40356  
(859) 885-3206 \* fax (859)887-0900**

The Kentucky Attorney General states that the Occupational Tax Office must make available to the public, information pertaining to the principal business location, address and telephone number of each person or entity (trade name – if different) and nature of business of the person or entity filing the application.

1) **Business or Trade Name** \_\_\_\_\_

2) **Local Site Address** \_\_\_\_\_

3) **Home Address** \_\_\_\_\_

4) **Mailing address if different** \_\_\_\_\_

Check if mailing address is to a tax preparer which is not an employee of your business. If so, you must complete Lines 2 and/or 3 above.

5) **Telephone Number** \_\_\_\_\_ **Fax** \_\_\_\_\_

6) **Cell Phone Number** \_\_\_\_\_ **E-mail address** \_\_\_\_\_

7) **Ownership**

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Sole Proprietor                      | <input type="checkbox"/> Partnership     | <input type="checkbox"/> Corporation     | <input type="checkbox"/> S Corporation     |
| <input type="checkbox"/> LLC/sole prop                        | <input type="checkbox"/> LLC/partnership | <input type="checkbox"/> LLC/Corporation | <input type="checkbox"/> LLC/S Corporation |
| <input type="checkbox"/> Non-Profit (Attach exemption letter) | <input type="checkbox"/> Other _____     |  |  |

8) **Name of owner(s), partner(s) or corporate officers**

_____ Name	_____ Name	_____ Name
_____ Address	_____ Address	_____ Address

9) **Social Security Number** \_\_\_\_\_ **Fed ID #** \_\_\_\_\_

10) **Nature of Business** \_\_\_\_\_

Check if applicable to above business  Alcohol Sales  Live Entertainment  Adult Entertainment

11) **Date Started in Jessamine Co** \_\_\_\_\_ **City of Nicholasville** \_\_\_\_\_

12) **Do you have employees?** Jessamine County  Yes  No  
City of Nicholasville  Yes  No

13) **Accounting period per federal income tax return**  Calendar Year  
 Fiscal Year End \_\_\_\_\_

14) **Do you have any other business entities in Jessamine County?**  Yes  No  
**Nicholasville?**  Yes  No

\*If yes, please list them here \_\_\_\_\_

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

\_\_\_\_\_  
Signature Title Date

**The Jessamine County Occupational Tax Office will administer and collect all Net Profit License Fee Returns for the County and the City of Nicholasville. If your business has employees, you will be responsible for reporting payroll and paying withholdings to the City of Nicholasville (859)885-7618 and Jessamine County separately.**