

City of Silver Grove

308 Oak Street/ P.O. Box 428

Silver Grove, Kentucky 41085

Application

Business name:

Local address:

Mailing address:

Above named does hereby make application for occupational license for the Fiscal Year beginning July 1st,
and ending June 30th,

Estimated payroll hours for fiscal year _____

Enclosed estimated license fee payment \$ _____

Signature

Title

Date _____

QUESTIONNAIRE

1. NAME _____
_____ Individual
_____ Corporation (Date Organized _____ State _____)
_____ Partnership (List Names & Addresses in Item # 10)
_____ Other _____

2. TRADE NAME _____

3. LOCAL ADDRESS _____ ZONE _____
Telephone Number _____
Principal Business Address _____

Mailing Address _____

4. STATE TAX IDENTIFICATION NUMBER _____

5. NATURE OF BUSINESS _____

6. DATE OPERATION IN SILVER GROVE BEGAN _____

7. DO YOU HAVE OR WILL YOU HAVE EMPLOYEES WORKING IN SILVER GROVE? YES NO

If you answered "YES" to this question you are required to withhold 1½% of gross wages paid to employees working in Silver Grove and file this quarterly on forms supplied by this office.

8. WILL YOU HAVE SUB-CONTRACTORS WORKING FOR YOU IN SILVER GROVE? YES NO

If you answered "YES" to this question, please supply a list of your sub-contractors (names & addresses) as they also need to be licensed.

9. OTHER INFORMATION _____

I HEREBY CERTIFY THAT ALL INFORMATION & STATEMENTS HEREIN ARE TRUE AND CORRECT.

(SIGNATURE & TITLE)

(DATE)