



FINANCE DEPARTMENT
220 N. 5TH ST.
BARDSTOWN, KENTUCKY 40004
Telephone: (502) 348-5947
Fax: (502) 348-2433

*Zoning Verification: _____

Must be signed by Director of Planning Commission

*Contact Planning Commission, 2nd Floor, Old Courthouse Building, One Court Square, Bardstown. Phone #502-348-1805

Name of Business or DBA: _____

Owner/Owners: _____

FEIN: _____ or Social Security #: _____ DOB: _____

Business Address: _____

City: _____ State: _____ Zip: _____

If mailing address is different from above,

Mailing Address: _____

City: _____ State: _____ Zip: _____

Nature of business: _____

Date Business Started or Will Start in Bardstown: ____/____/____

Phone: _____ Alternate Phone Number: _____

Fax: _____ Email Address: _____

Form of Business: _____

____ Individual owner ____ Corporation ____ Partnership ____ SubS Corp ____ Fiduciary

____ Non-Profit Corp ____ Government ____ Other (describe) _____

Was business acquired from previous licensee? Yes or No If yes, who? _____

Do you have employees working within the city limits? Yes or No If yes, how many? _____

If working temporarily within the city limits, give dates: From ____/____/____ until ____/____/____

Job site: _____

I hereby certify that the information provided herein is true and accurate to the best of my knowledge. I understand that obtaining a business license does not guarantee my right to do business at the location indicated. I hereby affirm that I will determine and comply with all applicable Zoning Regulations, Sign Ordinances, and other local, state, and federal requirements.

Please remit \$25 application fee with this application.

Signature _____

Date _____