



City of Bardstovwn

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



Office Use Only
COB Acct # _____
Payroll type (if applicable): Mo Qtr

Choose one:

- New business Change of address Change in corporate status

Name of Business or DBA: _____

Owner/Owners: _____

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

Business Address: _____

City: _____ State: _____ Zip: _____

Check box if mailing address is the same as above.

Mailing Address: _____

City: _____ State: _____ Zip: _____

Nature of business: _____

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

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 requirements of both the *Planning and Zoning, Subdivision Regulations of Nelson County*, and the State of Kentucky.

Please remit **\$25 application fee** with this application.

Signature

Date