

CITY OF STANFORD  
403 EAST MAIN STREET  
STANFORD, KY 40484  
PHONE: (606)365-4500

FORM 551

LICENSE YEAR: \_\_\_\_\_

## APPLICATION FOR OCCUPATIONAL (BUSINESS) LICENSE

**DIRECTIONS:** ALL NEW BUSINESS LICENSES MUST BE APPROVED THROUGH THE CODE ENFORCEMENT OFFICER, JEFF KNOUSE, 606.879.1002.

\*PAYMENT OF \$50.00 IS DUE UPON APPLICATION/RENEWAL AND SHOULD BE INCLUDED WITH THIS FORM.

**NOTE:** NON-PROFIT ORGANIZATIONS, FEDERAL EMPLOYEES, AND ENTITIES EXEMPTED FROM THE LICENSE FEE BY KRS. AND ORGANIZATIONS EXEMPTED IN SECTION 1-1 OF STANFORD'S CODE OF ORDINANCES ARE NOT REQUIRED TO PURCHASE A BUSINESS LICENSE OR FILE A NET PROFITS LICENSE FEE RETURN. HOWEVER, PLEASE FILL OUT THIS FORM AND PROVIDE A COPY OF YOUR FEDERAL LETTER OF EXEMPTION TO SUPPORT THE NON-PROFIT STATUS.

1. NAME OF INDIVIDUAL PROPRIETOR, ORGANIZATION, CORPORATION OR PARTNERSHIP: \_\_\_\_\_

2. BUSINESS NAME: \_\_\_\_\_

3. BUSINESS LOCATION (STREET ADDRESS): \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

4. MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_

5. TELEPHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

6. OWNERSHIP: (CHOOSE ONE)

SOLE PROPRIETOR \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_ NON-PROFIT \_\_\_\_\_

LIMITED LIABILITY CO. \_\_\_\_\_ S-CORPORATION \_\_\_\_\_ OTHER \_\_\_\_\_

7. LIST OWNERS, OFFICERS, PARTNERS, TITLES OR OTHER ADMINISTRATIVE HEADS:

NAME AND CONTACT INFO: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. FEDERAL TAX ID No.: \_\_\_\_\_ OR SSN \_\_\_\_\_

9. NATURE OR DESCRIPTION OF BUSINESS: \_\_\_\_\_

10. DATE OF START OF BUSINESS: \_\_\_\_\_ 11. NUMBER OF EMPLOYEES: \_\_\_\_\_

DO YOU ISSUE 1099'S? YES \_\_\_\_\_ NO \_\_\_\_\_

12. ACCOUNTING PERIOD PER FEDERAL RETURN: CALENDAR YEAR \_\_\_\_\_ FISCAL YEAR M/D \_\_\_\_\_

13. DO YOU OR HAVE YOU EVER HAD OTHER BUSINESS ENTITIES IN LINCOLN Co? YES \_\_\_\_\_ NO \_\_\_\_\_

**\*\*MAKE CHECKS PAYABLE TO THE CITY OF STANFORD.\*\***