



# City of Bardstovwn

J.RICHARD HEATON, MAYOR  
220 N. 5<sup>TH</sup> ST.  
BARDSTOWN, KENTUCKY 40004  
TEL. NO. 502/348-5947  
FAX. NO. 502/348-2433



## BUSINESS LICENSE APPLICATION

COB Acct #				
Type	M	Q	A	

**New Business**       **Change of Address**       **Change in Corporate Status**

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

Name of Business \_\_\_\_\_

Owner/Owners \_\_\_\_\_

Federal Employer ID \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Second Phone # \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Date Business Started in Bardstovwn \_\_\_\_\_

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. Do you have employees working within city limits? Yes or No \_\_\_\_\_ # of Employees.

Fiscal year end \_\_\_\_\_

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 and Subdivision Regulations of Nelson County*.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date