



**Bourbon County Fiscal Court**

**301 Main Street**

**Paris KY, 40361**

**859-987-2139**

***Occupational Business License/Payroll Tax Application***

**Business License \$50.00 (One Time Fee)**

Legal Name of Business or Applicant if Sole Proprietor: \_\_\_\_\_

Doing Business as or Trade Name (if applicable): \_\_\_\_\_

Describe Services Provided: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Contact Person: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How many employees will be located in Bourbon County? \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_ NAICS: \_\_\_\_\_

If self-employed, provide owner Social Security Number: \_\_\_\_\_

Owner/Partners Names: \_\_\_\_\_

File Frequency: ☐ Annually ☐ Quarterly ☐ Monthly

Tax Rate 1.25%

Accounting Period: ☐ Calendar 12/31 \_\_\_\_\_ or ☐ Fiscal Year End \_\_\_\_\_

Business Entity (Select One): ☐ Corporation ☐ S Corp ☐ Partnership  
☐ Sole Proprietorship ☐ Non-Profit

If a Corporation, Name of Registered Agent: \_\_\_\_\_

Date Business will begin in Bourbon County: \_\_\_\_\_

Please Mail this Application to:

Bourbon County Fiscal Court

301 Main Street Room 203

Paris, KY 40361

or email to: [c.blake@bourbonky.com](mailto:c.blake@bourbonky.com)