



City of Bardstovon

220 N. 5TH 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 Bardstovon _____

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