



Office of Tax Administrator  
Tammy M. Hanlon

### Application for Business License

1. Name of Business: \_\_\_\_\_  
Applicant's Name: \_\_\_\_\_  
Applicant's Address: \_\_\_\_\_  
Applicant's Telephone Number: \_\_\_\_\_
2. The name of the individual having management authority or supervision of the applicant's business during normal operating hours.  
\_\_\_\_\_
3. The name and address of the company that you will be contracting with:  
\_\_\_\_\_  
\_\_\_\_\_
4. List the time period or periods for which this contracting will occur:  
\_\_\_\_\_
5. Contractors: Attach a list of all subcontractors affiliated with your work in Hazard. Please include their name, address, phone number and Federal ID #.
6. Partnerships: Attach a list of partners. Please include their name, address and social security number.

**\*WITHHOLDING INFORMATION\***  
(If information is different from above)

Contact Person(s): \_\_\_\_\_  
Business Address (Local 911): \_\_\_\_\_  
City, State, And Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
Number of Employees: \_\_\_\_\_ Seasonal: (Circle) YES or NO  
(If self-employed, do not include yourself unless you withhold taxes from your pay) If Yes which Quarter:  
1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup>

**\*NET PROFIT INFORMATION\***  
(If information is different from above)

Contact Person(s): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, And Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

7. (A) The nature, character, and quality of the goods or services to be offered for sale or delivery: \_\_\_\_\_

(B) If goods, their invoice value and whether they are to be sold by sample as well as from stock: \_\_\_\_\_

(C) If goods, where and by whom are such goods manufactured or grown, and where such goods are at the time of application: \_\_\_\_\_

8. (A) Whether or not the applicant, or individual identified in question 2(A) above, or the person identified in question 3 have been convicted of any crime or misdemeanor and, if so, the nature of each offense and the penalty assessed for each offense: \_\_\_\_\_  
\_\_\_\_\_

(B) Applicants for peddler or solicitor license may be required to provide further information concerning the following items, in addition to that requested under question 7(A) above:

1. A description of the applicant:
2. A description of any vehicle proposed to be used in the business, including its registration number, if any.

(C) All applicants for licenses required by this chapter shall attach to their application the following:

1. If required by the city, copies of all printed advertising proposed to be used in connection with the applicant's business:
2. If required by the city, credentials from the person, if any for which the applicant proposes to do business, authorizing the applicant to act as such representative.

(D) Applicants who propose to handle food items shall also attach to their application, in addition to any attachments required under question 7(C) a statement from a licensed physician, dated not more than ten days prior to the date of application, certifying the applicant to be free of contagious or communicable disease.



(E) Minimum license fee due is \$100.00 dollars (one hundred dollars).

I have read and understand that the application and information provided above is correct. Under penalties of perjury, I declare that I have examined this application and to the best Of my knowledge and belief, it is true, correct and complete.

Signature of the applicant: \_\_\_\_\_

Dated: \_\_\_\_\_

This application is approved by:

\_\_\_\_\_

TAX ADMINISTRATOR

City of Hazard  
700 Main St  
P.O. Box 420  
Hazard, Kentucky 41702  
(606)-436-3171