



Office of Tax Administrator
Tammy M. Hanlon

Application for Itinerant Merchant Business License

Business Name: _____

Business Address: _____

Is this business officially organized?: YES NO

If answered YES, name of State the business is organized _____

Is this business a duly registered *non-profit* entity?: YES NO

If answered YES, attach proof of non-profit status.

Will the business be using: Water: YES NO Electricity: YES NO

Applicant's Name: _____

Applicant's Address: _____

Applicant's Telephone Number: _____

Applicant's Social Security Number: _____

Applicant's Date of Birth: _____

Local Manager/Supervisor Name: _____

Local Manager/Supervisor Telephone Number: _____

Manager/Supervisor Local Address: _____

Manager/Supervisor Permanent Address: _____

Type of Goods or Services offered for sale: _____

If selling any type of food or other natural product, name where and by whom are such goods manufactured or grown, and where such goods are at the time of application: _____

Make/Model, License Plate of Vehicle(s) associated with Business, Applicant, Manager/Supervisor and Employee(s) within City Limits:

Has the Business, Applicant or Manager/Supervisor been convicted of any crime or misdemeanor? If so, name the offender, date of each offense, location of each offense, the nature of each offense and the penalty assessed for each offense:

Has the Applicant, Manager/Supervisor and/or Employee(s) who propose to handle food items been diagnosed with contagious or communicable disease? If so, name the person, disease, date of disease, treatment and *attach a certified statement from a licensed medical provider stating that the person is free of the disease and symptoms for at least 10 days prior to opening for business:*

List Names of all Employees:

I, Applicant, confirm that the information contained within this application is correct. I understand that if the information provided herein is found to be false, the business license will not be granted and all monies paid to the City of Hazard will be forfeited.

Signature of the applicant: _____

Dated: _____

This application is approved by the City of Hazard Tax Administrator, this the ____ day of September, 2015. The license must be displayed at the Business location at all times. All fees paid in connection with business license are non-refundable and business licenses are non-transferable. The business license will expire 90 days after the date of issuance.

Tammy Hanlon
Tax Administrator

Remit Minimum license fee in the amount of \$50.00 dollars to the City of Hazard, Tax Administrator.

City of Hazard
P. O. Box 420
Hazard, KY 41702
(606) 436-3171