



## BUSINESS/OCCUPATIONAL REGISTRATION APPLICATION

CITY OF HAZARD  
700 Main Street, P.O. Box 420  
Hazard, KY 41702

Phone: (606) 436-3171 Fax: (606) 436-3252

Website: <https://www.hazardky.gov>

Tiffany Keith, Tax Administrator – [tiffany.keith@hazardky.gov](mailto:tiffany.keith@hazardky.gov)

\*\*\*Incomplete Applications will be returned to the applicant. The appropriate registration fee must accompany Application\*\*\*

1. Applicant's Name and Address: \_\_\_\_\_  
\_\_\_\_\_

2. Legal Name of Business: \_\_\_\_\_

3. Doing Business As or Trade Name: \_\_\_\_\_

4. Business Address (street address): \_\_\_\_\_  
\_\_\_\_\_

5. Mailing Address (if different): \_\_\_\_\_  
\_\_\_\_\_

6. Jobsite Location: \_\_\_\_\_

7. E-mail Address: \_\_\_\_\_

8. Telephone: Business: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell/Home: \_\_\_\_\_

9. Nature or description of business: \_\_\_\_\_  
(i.e., food truck, manufacturing, trade, advertising agency, auto repair, governmental, rentals, etc.)

10. Date business will begin in Hazard: \_\_\_\_\_

Will you have employee(s)?  No  Yes If yes, how many: \_\_\_\_\_

1099 Employee(s)?  No  Yes If yes, how many: \_\_\_\_\_

If yes as 1099 employee(s), you must provide list of employees on a completed Sub-Contractor Form as an attachment  
(If self-employed, do not include yourself unless you withhold taxes from your pay) (Each 1099 employee must register separately)

Seasonal or Temporary Job:  Yes  No

If yes, indicate which quarters employees will be employed: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup>

11. Type of Ownership (check one):

Sole Proprietor/Individual

LLC/Sole Proprietor

Partnership

LLC/Partnership

Corporation

LLC/Corporation

S-Corporation

Non-Profit (Must attach IRS acknowledgement of status)

12. Federal ID #: \_\_\_\_\_ and/or Social Security # \_\_\_\_\_

13. Accounting period for Federal Return: Calendar Year  or Fiscal Year End Date: \_\_\_\_\_

14. Do you file your Federal Income Tax Return under a Parent Company?  No  Yes  
If yes, list the name of the company \_\_\_\_\_ and the Federal ID # \_\_\_\_\_

15. If you are a general contractor, will you use subcontractors?  No  Yes (*Must Complete Form SC*)

16. Do you or have you had any other business entities within the city limits of Hazard?  No  Yes  
If yes, list the name(s): \_\_\_\_\_

17. Have you been convicted of a crime or misdemeanor? If so, please describe the nature of each offense and the penalty assessed for each offense: \_\_\_\_\_  
\_\_\_\_\_

18. Minimum license fee amount: One Hundred Dollars (\$100.00).  
(Check, Cash or Money Order Accepted)

*Enclosed is my payment in the amount of \$100.00. (Payment is not required for Non-Profit)*

*\*PLEASE NOTE: Zoning or other permits may be required before you begin business activity.  
Contact Planning & Zoning at 606-436-3171 ... as needed for determination.*

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 Applicant: \_\_\_\_\_

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

This application is approved by: \_\_\_\_\_  
Tiffany Keith, Tax Administrator

According to an opinion (OAG 85-1) of the Kentucky Attorney General, the responses that you make to questions regarding the description of business are to be provided to anyone upon request, pursuant to Kentucky "Open Records Law".

**PLEASE COMPLETE INFORMATION BELOW:**

PLEASE SPECIFY IF ANY ARE ACCOUNTANT/CPA FIRMS OR TAX SERVICES.  
IF ANY OF THE FOLLOWING DOES NOT APPLY TO YOU MARK N/A.

**\*Quarterly Employee Withholding Return Contact Person\***

Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**\*Net Profit License Fee Return Contact Person\***

Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**\*Business License Contact Person\***

Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_

*Mail completed Application and registration fee to:  
Hazard City Hall, Attn.: Tax Administrator, P.O. Box 420, Hazard, KY 41702  
or visit City Hall, 700 Main St., Hazard, KY 41701  
If you have any questions, phone (606) 436-3171 Ext. 3  
or e-mail [tiffany.keith@hazardky.gov](mailto:tiffany.keith@hazardky.gov)*