



CITY OF VERSAILLES BUSINESS REGISTRATION FORM

(NO FEE REQUIRED WITH APPLICATION)

PHONE (859) 873-5184 – FAX (859) 873-5969

<https://versailles.ky.gov>

Return to: City of Versailles Tax Clerk
P.O. Box 625, Versailles, KY 40383
or email to bbaldwin@versaillesky.com

Every business or individual subject to the Occupational license Tax is required to complete this application and return it to the Tax Administrator. Kentucky Attorney General Opinion {OAG-85-1} provides that the Occupational Tax Office must let persons inspect records pertaining to principal business location, address and telephone number of each person or entity (trade name-if different) and nature of business of the person or entity filing the application. Please answer all applicable questions:

Business Name _____

Business Address _____

City, State, Zip Code _____

Mailing Address (Same as business address) _____

City, State, Zip Code _____

Telephone Numbers Business _____ Fax _____

Social Security Number _____ Federal ID# _____

Nature of Business _____

Overnight Lodging? Hotel/Motel Bed and Breakfast Airbnb Other

Do you have employees? Yes No Will they be working in the city? Yes No

Do you use contract labor? Yes No If yes, please list all names and addresses of contractors on back of form.

Date operations began in the City of Versailles _____

Tax Classification Sole Proprietor Partnership Corporation S Corporation

LLC/Sole Proprietor LLC/Partnership LLC/Corporations LLC/ S Corporation

Non- Profit Other _____

Accounting period per Federal return: Calendar Year Fiscal Year (month/day)

Do you have other businesses in the City of Versailles? Yes No If yes, please list business names

Contact Person Name _____ Email _____ Phone _____

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

Printed Name

Title

Date