



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 mjacobs@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