Account Number:_	
Activation Code:	

City of Union

1843 Bristow Drive, Union, KY 41091 859-384-1511

occtax@cityofunionky.org

Business License Application

Annual Fee: \$50

Legal Name of Business or Applicant is Sole Proprietor:
Doing Business As or Trade Name (If applicable):
Dollig Busiliess As of Trade Name (if applicable).
FEIN or SSN (No Dashes):
Business Description:
NAICS Code (If known):
Owner Name:
Owner SSN (No Dashes):
Owner Phone:
Owner Email:
Physical Address
Street:
City, State, Zip:
Mailing Address (if different from Physical Address)
Street:
City, State, Zip:

Business Entity (Circle below as applicable)

- Sole Proprietorship
- Partnership

- Corporation
- Limited Liability Company
- Trust or Estate
- Limited Liability Partnership
- Non-profit
- Other

Are v	you located	l in a	TIF	/Union	Promenade	District? \	Y/!	N:
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Date Business will start (mm/dd/yyyy):

Est. Number of W2 Employees Working in the City of Union?

Do you have any Remote (Work from Home) Employees?

If yes, Number of Remote (Work from Home) Employees?

Do you use or will you use "leased" employees?

If yes, please provide the following information for the leasing agency:

Leasing Agency Name:

Leasing Agency Phone Number:

Leasing Agency Address:

Leasing Agency FEIN (No Dashes):

Contact person for any questions pertaining to this account:

Contact Name:

Mailing Address:

Phone Number:

Email Address:

Warning: Statements made in this application are subject to verification and false or misleading statements may be cause for denial of the license applied for, or if granted, revocation thereof upon discovery.

I hereby certify that I am duly authorized to act for the applicant and that the statements contained on this application are true and complete.

Signature (please sign above)

Title:

Date:

Business Licenses expire on December 31 each year and must be renewed annually at a fee of \$50 per year/per license.

Make checks payable to City of Union and mail to 1843 Bristow Drive, Union, KY 41091 with a copy of your application.