



BOYLE COUNTY TAX ADMINISTRATOR
321 WEST MAIN STREET, ROOM 117
BOYLE COUNTY COURTHOUSE
DANVILLE, KENTUCKY 40422-1848
PHONE: (859) 238-1115
FAX: (859) 238-1108

EMAIL ADDRESSES: sryan@boyleky.com, lnash@boyleky.com

QUESTIONNAIRE FOR REGISTRATION OF BUSINESS

1. NAME: _____
2. DOING BUSINESS AS : _____
3. BUSINESS LOCATION : _____

4. MAILING ADDRESS: _____

5. SOCIAL SECURITY NUMBER/FEDERAL ID NUMBER _____.
6. OWNERSHIP SOLE PROPRIETOR PARTNERSHIP CORPORATION
 LLC/SOLE PROPRIETOR LLC/PARTNERSHIP
 S-CORPORATION OTHER
7. DESCRIPTION OF BUSINESS _____
8. TELEPHONE NUMBER () _____ FAX NUMBER () _____
9. CONTACT PERSON AND TELEPHONE NUMBER _____

10. EMPLOYEES? YES NO (PLEASE CIRCLE)
11. INCOME TAX FILING: 12-31 OR FISCAL YEAR: MONTH _____ DAY _____
12. DATE BUSINESS STARTED IN BOYLE COUNTY : _____

PLEASE COMPLETE QUESTIONNAIRE AND RETURN TO THIS OFFICE BY MAIL,
E-MAIL OR BY FAX TO THE ADDRESS'S OR FAX NUMBER ABOVE.....

13. Are you a Contractor or Sub-Contractor _____ Yes _____ No
(If you answered yes to #13 you are required to pay a Contractor's License Fee of \$50.00 per year) Make checks payable to Boyle County Fiscal Court.

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: _____ Date: _____

Title: _____