

BOYD COUNTY FISCAL COURT
P O BOX 423
CATLETTSBURG, KY 41129
606-739-0164
Fax 606-739-5446

QUESTIONNAIRE FOR BOYD COUNTY OCCUPATIONAL LICENSE

Please answer all questions completely. **\$100** fee annually. Make checks payable to:
BOYD COUNTY FISCAL COURT

1. Business or Trade name _____
2. Local Business Address _____
(Physical Address)
3. Mailing Address _____
(If different from #2 or
a PO Box)
4. Business Telephone No. _____ FAX _____
E-Mail _____
5. Contact Person _____
6. Owners/Partners Name _____
7. Owner Soc.Sec.Number _____ - _____ or/EIN _____
8. Nature of Business _____
9. Date Business Started _____ / _____ / _____
(in Boyd County)
10. Number of Employees _____
Contract Labor (List names and address on back or separate sheet)
11. IRS Accounting Period:
_____ Calendar Year Ends 12/31 _____ Fiscal Year Ends _____ / _____
12. List any other business entities in Boyd County _____

I hereby certify all information & statements herein are true and correct.

Signature & Title