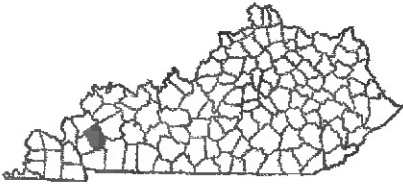


CALDWELL COUNTY OCCUPATIONAL TAX

Administrator: Lori Dunning imdunning@ky.gov

100 E. Market Street, Room 27 • Princeton, KY 42445

Phone: _____ (270) 365-6660



QUESTIONNAIRE

Every individual or business conducting an activity (i.e., farming, sales, rentals, etc.), subject to the Occupational License Fee (Ordinance 06-10-14) is required to complete this Questionnaire and return it to the Caldwell County Occupational Tax Administrator within **10 days** of receipt.

The following information is necessary and will be held in strict confidence. Please answer all applicable questions.

Name or Business / Activity / Trade Name: _____

Location Address: _____

Mailing Address (if different from location): _____

Phone No.: _____ Fax No.: _____

Email: _____

LOCATION in Caldwell County: _____

DATE Started in Caldwell County: _____ / _____ / _____
Month Day Year

Nature OR Type of Activity / Business: _____

Type of Business: (circle one) Corporation S Corporation Non-Profit
Sole Proprietorship Partnership Other (state) _____

Owners / Partners Names: _____

Social Security No.: _____ or Federal ID No.: _____

Do you have EMPLOYEES IN Caldwell County? Yes ___ No ___ If yes, how many? _____

Do you have SUB-CONTRACTORS hired to work IN Caldwell County? Yes ___ No ___

If yes, attach sheet with sufficient information in which to contact them.

Accounting Period: (circle one) A. Calendar Year OR B. Fiscal Year End _____ / _____

Do you RENT or LEASE your business location IN Caldwell County? Yes ___ No ___

If rent / lease, from whom: _____

(landlord's) Address: _____

City: _____ State: _____ Zip: _____

Contact Person: Name: _____

Phone: _____

Mailing Address: _____

Email: _____

I hereby certify that all information and statements herein are true and correct:

Signature: _____ Title: _____

Date: _____

Please complete This Form and Return It To Our Office Within (10) Ten Days.