



**MCCREARY COUNTY BUSINESS PERMIT APPLICATION**

FORM MCBP-APP: 5/17

**P O BOX 327, WHITLEY CITY, KY 42653**

**PHONE: 606-376-1322 FAX: 606-376-4319**

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**Answer all questions in full**

1. NAME OF BUSINESS OR APPLICANT: \_\_\_\_\_

2. DOING BUSINESS AS OR TRADE NAME: \_\_\_\_\_

3. BUSINESS ADDRESS (911 ADDRESS) : \_\_\_\_\_

4. MAILING ADDRESS: \_\_\_\_\_

5. JOBSITE LOCATION (IF APPLICABLE): \_\_\_\_\_

6. EMAIL ADDRESS: \_\_\_\_\_

7. TELEPHONE #'S: BUSINESS \_\_\_\_\_ FAX \_\_\_\_\_ CELL/HOME \_\_\_\_\_

8. NATURE OF BUSINESS: \_\_\_\_\_

9. DATE BUSINESS BEGAN OR WILL BEGIN: \_\_\_\_\_

10. WILL YOU HAVE W-2 EMPLOYEES?  NO  YES IF YES, HOW MANY? \_\_\_\_\_

11. WILL YOU HAVE 1099 EMPLOYEES?  NO  YES **IF YES, ATTACH A COPY OF 1099'S**

12. DO YOU LEASE THE PROPERTY WHERE THE BUSINESS IS LOCATED?  NO  YES **IF YES, PROVIDE THE OWNERS NAME** \_\_\_\_\_

13. TYPE OF OWNERSHIP (check one):  SOLE PROPRIETOR/INDIVIDUAL  PARTNERSHIP  CORPORATION  S-CORPORATION

LLC/SOLE PROPRIETOR  LLC/PARTNERSHIP  LLC/CORPORATION

NON-PROFIT **\* NO FEE \* MUST ATTACH "IRS ACKNOWLEDGEMENT OF STATUS" OR "ARTICLES OF INCORPORATION" FROM STATE OF KENTUCKY AND**

**WITHHOLD 1.5% ON APPLICABLE EMPLOYEES.**

14. FEDERAL ID#: \_\_\_\_\_ AND/OR SS #: \_\_\_\_\_

15. ACCOUNTING PERIOD FOR FEDERAL RETURN: CALENDER YEAR **(12/31)**  OR  FISCAL YEAR END (STATE THE DATE): \_\_\_\_\_

16. DO YOU FILE YOUR RETURN UNDER A PARENT COMPANY?  NO  YES **IF YES, LIST THE NAME OF THE COMPANY BELOW**

\_\_\_\_\_ AND FEDERAL ID# \_\_\_\_\_

17. IF YOU ARE A GENERAL CONTRACTOR WILL YOU USE SUBCONTRACTORS?  NO  YES **\*MUST ATTACH LIST OF SUBCONTRACTORS**

18. LIST CONTACT PERSON: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

19. NAME OF OWNERS: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

\_\_\_\_\_ PHONE NO: \_\_\_\_\_

\_\_\_\_\_ PHONE NO: \_\_\_\_\_

**Under penalties of perjury, I declare I have examined this application, and to the best of my knowledge and belief, it is true, correct and complete.**

20. SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE \_\_\_\_\_

<p align="center"><b>MAKE CHECKS PAYABLE TO: TAX ADMINISTRATOR</b></p>	<p align="center"><b>OFFICE HOURS: MONDAY – FRIDAY, 8:30am – 4:30pm</b></p>
<p>MAIL APPLICATION AND CHECK TO:  <b>MCCREARY COUNTY BUSINESS PERMIT</b>  <b>P O BOX 327</b>  <b>WHITLEY CITY KY 42653</b></p>	<p><input type="checkbox"/> <b>\$20 LOCAL BUSINESS</b>  <input type="checkbox"/> <b>\$50 ITINERANT BUSINESSES</b>  <input type="checkbox"/> <b>* NON PROFIT</b></p>