

McCreary County Government  
Division of Occupational Tax  
P O Box 327  
Whitley City, KY 42653  
Phone: (606) 376-1322  
Fax: (606) 376-4319  
E-mail: mc.co.occtax@highland.net

Every business or individual subject to the Occupational License Fee is required to complete this application and return it to the Tax Administrator. (OAG-85-1) Kentucky Attorney General states that the Occupational Tax Office must let persons inspect records pertaining to principle business location, address and telephone number of each person or entity (trade name-if different) and nature of business of the person or entity filling the application.

Answer all questions:

*For Business Use Only: Answer Completely*

Name of Business or Trade Name: \_\_\_\_\_

Business Street Address \_\_\_\_\_

(McCreary County Address) \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(To receive quarterly and annual forms)

City, State, Zip Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax number: (\_\_\_\_) \_\_\_\_\_

Date operations started in McCreary County: \_\_\_\_\_

Approximate Number of Employees: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Type of Business:  Corporation  S-Corporation  Partnership  Individual  Fiduciary  Farm  LLC

Religious or Non-Profit Organization  Proprietorship

Other (Please Specify) \_\_\_\_\_

**Must Have**

Federal Tax ID # \_\_\_\_\_

(or Social Security # if no Federal Tax ID#)

Accounting Period: \_\_\_\_\_ Calendar Year (December 31<sup>st</sup>) \_\_\_\_\_ Fiscal Year (State month please) \_\_\_\_\_

List previous owner's name and address: \_\_\_\_\_

List contact person(s) name(s) \_\_\_\_\_ Phone: \_\_\_\_\_

**INDIVIDUAL USE ONLY: (For those persons whose Employer does not withhold quarterly taxes: ex.: Federal Employees including United States Postal Service, Federal Prison, Forestry Service, ect.)**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Federal Agency/Business for which you work and address: \_\_\_\_\_

Start Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Telephone # (Agency) (\_\_\_\_) \_\_\_\_\_ (Home) (\_\_\_\_) \_\_\_\_\_

**Contractors:** List all Subcontractors working under you or any Job in McCreary County.

**Partnerships:** List all Partners with Address and Social Security Information. (Use Additional Paper if necessary).

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 \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_