



Finance Director
P.O. Box 607
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(606)784-6218

TAX OFFICE USE ONLY	
DATE RCV'D	
Business/Itinerant License (Circle)	
G/L Account	
Permits/Health Inspect	
COUNTY LICENSE NO.	

APPLICATION—ROWAN COUNTY OCCUPATIONAL LICENSE

DATE of APPLICATION: _____ **PLEASE READ CAREFULLY BEFORE COMPLETING APPLICATION**
 This application for an occupational license is to be completed by all individuals, corporations, partnerships, or other entities performing work or services, making sales, including but not limited to, the ownership and/or operation of rental property; real estate sales; any type of subcontract work for which compensation is made including commissions; door-to-door solicitation; pick-up or delivery of persons or goods; or otherwise conducting any type of business activity in Rowan County, Kentucky.

Name of Individual/Sole Proprietor	Legal Name: Corporation (LLC, S-Corp), Partnership, LLP, Non-Profit
<input type="text"/>	<input type="text"/>

Doing Business As/Trade Name (if applicable)	Federal ID or SSN	State of KY Tax ID #
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date Bus. In County	End Fiscal Year	Mo.	Description of Business, If rental property, include address below at physical location
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CONTACT NAME INFORMATION (If additional, attach separate page)	Name:	Tax Preparer:
	Phone:	Phone:
	Email:	Email:

Business/Rental Physical Location or Job Site (attach additional sheets if more than one address)

<input type="text"/>
<input type="text"/>
<input type="text"/>

PAYROLL INFORMATION: Number of Employees* in Rowan County: _____

*Applicants with no employees required to file net profits 105 days after Fiscal Year. Requested extensions granted up to 180 days.

Mailing address for Tax Forms (insure contact information is provided for third party administrators)

<input type="text"/>
<input type="text"/>
<input type="text"/>

“Leased”/temporary employees, leasing agency information below

Leasing Agency:	Contact:
Mailing Address:	Phone:
	Email:

Applicants are required to complete this application in full before conducting business in Rowan County. If approved, applicants must pay \$0 Rowan County Occupational License Fee with this application. Please note that in the City of Morehead, a separate application and fee must be made by those conducting business in the City of Morehead.

Information obtained from this form, including the business name, business address, names of owner(s) and agent(s) of the business, and whether or not the business is delinquent in the payment of its taxes is subject to public disclosure. All proprietary and confidential information exempt from disclosure under the Kentucky Open Records Act shall be confidential and shall not be disclosed.

I hereby certify that I am duly authorized to act for the applicant and that the statements contained on this application are true and complete.

 TYPED NAME TITLE SIGNATURE (e-signature) DATE

Please email updates concerning my account at above email address. (MARK BOX for “YES”) FIN 01 06-19