

City of Auburn, Kentucky
Application for Occupational License

Name of Business: _____

Business Address: _____(City)_____ (State)_____(Zip)_____

Mailing Address (if different): _____(City)_____ (State)_____(Zip)_____

Phone Number: _____ Fax: _____

Email: _____

Nature or Description of Business: _____

Name of Local Manager: _____

Date Business Started: _____

Will you have employees working in Auburn? Yes ____ No ____

Number of Employees _____

Check Entity Type: Individual ____ Partnership ____ Corporation ____ Other ____

I certify that all information on this application is true and correct.

Signature of Applicant

Date of Application

Approved by: _____

INFORMATION BELOW IS CONFIDENTIAL

Soc. Sec. No. _____ -or- Federal I.D. _____

Accounting period per Federal Return:

Calendar Year -or- Fiscal Year *End Date:* _____

Remarks: _____

A \$50 fee shall be submitted for approved applications before a business license will be issued.