

**CITY OF IRVINGTON
P.O. BOX 374
IRVINGTON, KENTUCKY 40146**

APPLICATION FOR BUSINESS LICENSE FOR CITY OF IRVINGTON, KENTUCKY

PART I

Date: _____

New Application: _____

Renewal Application: _____

Applicant's Name: _____

Applicant's Social Security Number: _____

Applicant's Date of Birth: _____

Applicant's Home Address: _____

Applicant's Mailing Address: _____

Business Name: _____

Type of Business To Be Conducted: _____

Business Street and Mailing Address: _____

Business Telephone Number(s): _____

Emergency Number: _____

Number of Employees: _____ Employer Federal ID NO. _____

Kentucky Sales Tax Number: _____ ICC Classification: _____

Proof of Workman's Compensation: _____

_____ Furnished with Application _____ Other, Explain

Remarks: _____

Intended Length of Operation: _____ Permanent _____ Temporary

State Hours of Operation: _____

Business Is On Property That Is _____ Owned _____ Leased. If Leased,

Give Property Owner's Name, Address and Phone Number: _____

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Is Business Owned: Individually _____
 Partnership _____
 Corporation _____

IF PARTNERSHIP OR CORPORATION, THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF THE PARTNER, PRESIDENT, OR VICE PRESIDENT OF THE CORPORATION WILL BE LISTED AS FOLLOWS:
