



ITINERANT BUSINESS LICENSE

CITY OF RICHMOND DIRECTOR OF FINANCE

P.O. Box 1268
Richmond, Kentucky 40476-1268
(859) 623-1000 FAX (859) 624-2753

Name of business or trade name: _____

Business street address: _____

City, State, Zip: _____

Mailing address: _____

City, State, Zip: _____

Telephone number:(____)_____ Fax number(____)_____

Owner's name: _____

Owner's address: _____

City, State, Zip: _____ Home phone:(____)_____

Date operations started in Richmond: _____

Nature of business: _____

Type of Business: ___ Corporation ___ S Corporation ___ Partnership ___ Individual ___ Fiduciary

___ Farm ___ LLC ___ Religious or Not for Profit ___ Other(Please specify) _____

Federal EIN: _____ Social Security Number: _____

Accounting Period: _____ Calendar year(December 31st) _____ Fiscal year(Month _____)

List contact person(s) name(s) _____ Telephone(____)_____

List previous owner's name and address: _____

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.

PLEASE REMIT A CHECK OR MONEY ORDER FOR \$500.00 WITH QUESTIONAIRE.

Signature: _____ Title: _____

Date: _____