MCLEAN COUNTY LICENSE TAX ADMINISTRATOR P.O. BOX 128 CALHOUN, KY 42327 (270)273-9170

QUESTIONAIRE FOR MCLEAN COUNTY LICENSE TAX ACCOUNT (PLEASE COMPLETE AND RETURN)

All business operated for profit **MUST** register

Every business or individual subject to the Occupational License Tax is required to complete this questionnaire and return it to the Administrator.

The following information is necessary and will be held in strict confidence.

Answer all applicable questions.

| Business or Trade Name: | | | | |
|--|-------------------------------------|-------------------|-----------------|-------------------|
| Business Address: | | | | |
| Mailing Address: | | | | |
| Email Address: | | | | |
| Telephone Number: | | | | |
| Fax Number: | | | | |
| Type of Business (Circle One) Sole Proprietorship | : Corporation Partnership | S Corporat LLC | ion Noi Farm | n-Profit Other |
| Description of Business: | | | | |
| Owners/Partners Names: | | | | |
| | | | | |
| Corporate Officers & Titles: | | | | |
| | | | | |
| Social Security Number: | or Federal EIN: | | | |
| Do you have employees? | Yes No If so, how many? | | | |
| Business Start Date in McLean County, KY | | | | |
| Accounting Period | Calendar Year or Fiscal Year Ends// | | | |
| Name, Address, and Phone Number of records custodian: | | | | |
| | | | | |
| | | | | |
| I hereby verify that all information and statements herein are true and correct. | | | | |
| | | | | |
| Signature | Т | itle | | Date |
| PLEASE FILL OUT THE ABOVE FORM AND RETURN – BOTTOM FILLED OUT BY ADMINISTRATOR | | | | |
| Date Received: Account #: | | | | |