



MCLEAN COUNTY LICENSE TAX ADMINISTRATOR

P.O. BOX 128
CALHOUN, KY 42327
(270)273-9170

QUESTIONNAIRE 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: _____

Telephone Number: _____

Fax Number: _____

Type of Business (Circle One): Corporation S Corporation Non-Profit
Sole Proprietorship Partnership LLC Farm 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

Title

Date

PLEASE FILL OUT THE ABOVE FORM AND RETURN – BOTTOM FILLED OUT BY ADMINISTRATOR

Date Received: _____ Account #: _____