FORM 6

APPLICATION

TO THE CITY OF MOREHEAD, KENTUCKY FOR AN OCCUPATIONAL LICENSE

RECEIPT NUMBER	DATE	ACCOUNT NUMBER

Every business or individual subject to the Occupational License Fee is required to complete this application and return it with the total amount due to the Finance Director. The minimum Occupational License Fee will be credited to the annual Occupational License Fee return. The following information will be held in strict confidence:

Director of Finance
City of Morehead
P.O. Box 490
Morehead, KY 40351

1. NAME_____
   ☐ INDIVIDUAL ☐ PARTNERSHIP (List Name and Address of Each Partner on Line 11)
   ☐ CORPORATION (Date organized__/__/__, State_____) ☐ Other_____

2. TRADENAME_____
   (IF DIFFERENT FROM THAT GIVEN ABOVE)

3. ADDRESSES (Please complete all addresses applicable indicate Zip Code and telephone number)
   Indicate which address is to be used for mailing purposes by Check mark
   ☐ Principal Business Location_____
   _____ Tel.No._____
   ☐ Morehead Location_____
   (If More than One Location in Morehead (List on Line 11) _____ Tel. No._____
   ☐ Mailing Address (If different from above)_____
   _____ Tel. No._____

4. ACCOUNTING PERIOD ☐ Calendar Year ☐ Fiscal Year_____/_____
   MONTH DAY

5. STATE TAX IDENTIFICATION NUMBER_____

6. NATURE OF BUSINESS (Please describe your business and its operation, including where and how sales, services, or other activities take place. Include any other pertinent information)_____

7. DATE OPERATION IN MOREHEAD STARTED_____/_____/_____
   MONTH DAY YEAR

8. DO YOU HAVE OR WILL YOU HAVE EMPLOYEES WORKING IN MOREHEAD ☐ YES ☐ NO
   Date employment in these areas was first given or will be given_____/_____/_____
   MONTH DAY YEAR

9. DO YOU HAVE OR WILL YOU HAVE SALES, OR PERFORM SERVICES, IN MOREHEAD ☐ YES ☐ NO

10. MINIMUM LICENSE FEE $10.00

11. OTHER INFORMATION_____

12. NAME AND ADDRESS OF FIRMS MAKING DELIVERIES TO YOU_____

_____
CHIEF.

I hereby certify that all information and statements herein are true and correct

_____
Bldg. Inspector

X_____
(SIGNATURE)

Date_____

_____
(TITLE)