

THE CITY OF  
**BARDSTOWN**  
FINANCE DEPARTMENT



220 N. 5<sup>TH</sup> ST. BARDSTOWN, KENTUCKY 40004  
Telephone: (502) 348-5947 Fax: (502) 348-2433

\*Zoning Verification: \_\_\_\_\_

Must be signed by Director of Planning Commission

\*Contact Planning Commission, 129 Parkway Dr, Bardstown, KY 40004 Phone #502-348-1805

Name of Business or DBA: \_\_\_\_\_

Owner/Owners: \_\_\_\_\_

FEIN: \_\_\_\_\_ or Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If mailing address is different from above,

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Nature of business: \_\_\_\_\_

Date Business Started or Will Start in Bardstown: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_ Form of Business:

\_\_\_\_\_ Individual owner \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ SubS Corp \_\_\_\_\_ Fiduciary

\_\_\_\_\_ Non-Profit Corp \_\_\_\_\_ Government \_\_\_\_\_ Other (describe) \_\_\_\_\_

Was business acquired from previous licensee? Yes or No If yes, who? \_\_\_\_\_

Do you have employees working within the city limits? Yes or No If yes, how many? \_\_\_\_\_

If working temporarily within the city limits, give dates: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ until \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Job site: \_\_\_\_\_

**I hereby certify that the information provided herein is true and accurate to the best of my knowledge. I understand that obtaining a business license does not guarantee my right to do business at the location indicated. I hereby affirm that I will determine and comply with all applicable Zoning Regulations, Sign Ordinances, and other local, state, and federal requirements.**

Please remit ***\$25 application fee*** with this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date