

THE CITY OF
BARDSTOWN
FINANCE DEPARTMENT



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

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 ___ SubSCorp ___ 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