

5. Tax Identification Number: Federal _____ Kentucky _____

If individual give Social Security Number _____

6. Nature of Business (Please describe your business and it operation) _____

7. Date Operations Began in Augusta _____ / _____ / _____
Month Day Year

8. Do you or will you have employees working in Augusta _____

9. Do you or will you have sales or income in Augusta _____

10. Other information _____

I HEREBY CERTIFY THAT THE
INFORMAION AND STATEMENTS
HEREIN ARE TRUE AND CORRECT

Date _____

Name _____

By _____ Title _____

MAIL OR DELIVER TO: CITY OF AUGUSTA, P.O. BOX 85, 219 MAIN ST, AUGUSTA, KY 41002

NOTE: Occupation License Fee – Minimum of \$50.00 Maximum of \$400.00. Must have copy of net profit/loss sheet from prior year for work done in City of Augusta from which you will pay 1% of you net profit up to \$400.00. If you are a new business in town you fee is \$50.00 with net profit/loss sheet required by April 15th of the following year. Anything over \$5,000.00 you will be required to pay 1% of net profit up to \$400.00.