

CITY OF AUGUSTA

LICENSE FEE REGISTRATION

QUESTIONNAIRE

FOR ESTABLISHING AN ACCOUNT NUMBER
ALL INFORMATION IS CONFIDENTIAL – ANSWER ALL QUESTIONS

1. Name _____

_____ Individual _____ Partnership (List name and address of each partner on line 10)

_____ Corporation (Date Organized ___/___/___, State _____) _____ Other _____

2. Trade Name _____
(If different from that given above)

3. Addresses (Please complete all addresses applicable-include Zip Code and Telephone number)

Principal Business Location _____

_____ Tel. No _____

Augusta Location _____

_____ Tel. No _____

Residence (If individual proprietorship, or self-employed person) _____

_____ Tel. No _____

Mailing Address (If different from above) _____

_____ Tel. No _____

4. Accounting Period

_____ Calendar Year – Dec 31

_____ Fiscal Year Ended ___/___
MO DAY

5. Tax Identification Number: Federal _____ Kentucky _____

If Individual give Social Security Number _____

6. Nature of Business (Please describe your business and its 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
INFORMATION 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: Occupational License Fee – Minimum of **\$75.00**, Maximum of **\$900.00**. Must have a copy of net profit/loss sheet from prior year for work done in the City of Augusta from which you will pay **1.25%** of your net profit up to **\$900.00**. If you are a new business in town your fee is **\$75.00** with the net profit/loss sheet required by April 15th of the following year. Anything over **\$5,000**, you will be required to pay **1.25%** of the net profit up to **\$900.00**.