



City of Corbin

BUSINESS LICENSE FORM

Please fill out and return form to City Collector's Office

Mail: PO BOX 1343 Corbin, KY 40702

Fax (606) 523-6500

Email: skye.smith@corbin-ky.gov

Name of Business: _____

Mailing Address: _____
(Where do you want all correspondence to be sent)

Contact Person: _____

Contact Phone Number: _____

Contact Email: _____

Federal ID Number: _____

What type of work will you be performing? _____

What is the physical location/address work will be performed? _____

Name of the Business where work will be performed? _____

If you have any questions, please contact us at (606) 523-6522 Ext. 1

Thank you,

Skye Smith

Skye Smith
City Collector