

CITY OF CORBIN APPLICATION FOR OCCUPATIONAL TAX
P.O. BOX 1343 CORBIN, KY 40702 PHONE (606) 523-6508 FAX (606) 523-6500
THERE IS NO FEE FOR THE OCCUPATIONAL LICENSE TAX APPLICATION
QUESTIONNAIRE

NAME OF APPLICANT _____

BUSINESS NAME _____

EMPLOYEE NAME _____

If an Employee of the federal Government, U.S. Post Office, (I.E. Internal Revenue service, Social Security Adm. Or other Agency).

BUSINESS ADDRESS _____

CITY, STATE, AND ZIP _____

TELEPHONE NUMBER _____ FAX NUMBER _____

DATE OF OPERATIONS BEGAN IN KNOX COUNTY (CORBIN CITY LIMITS) _____

DESCRIPTION OF THE NATURE OF BUSINESS _____

TYPE OF BUSINESS _____

I.E. Corporation, Partnership, Subchapter S. Corp., Limited Liability Co., Sole Proprietor, Non Profit, Governmental (ETC.)

PLEASE PROVIDE A CONTACT EMAIL ADDRESS _____

FEDERAL TAX ID NUMBER IF ASSIGNED OR SOCIAL SECURITY NUMBER _____

CONTRACTORS: ATTACH A LIST OF ALL SUBCONTRACTORS AFFILIATED WITH YOUR WORK IN (THE KNOX COUNTY PORTION OF CORBIN CITY LIMITS ONLY).

PARTNERSHIPS: ATTACH A LIST OF PARTNERS. PLEASE INCLUDE THEIR NAME, ADDRESS, AND SOCIAL SECURITY NUMBER.

***WITHHOLDING INFORMATION*
IF DIFFERENT FROM ABOVE**

CONTACT PERSON _____

MAILING ADDRESS _____

CITY, STATE, AND ZIP _____

EMAIL: _____

TELEPHONE NUMBER _____ FAX NUMBER _____

CLOSING MONTH OF ACCOUNTING YEAR _____ / _____ / _____

Under penalties of perjury, I declare that I have examined this application and to the best of my knowledge and belief it is true, correct, and complete.

SIGNATURE _____ **Title** _____ **Date** _____

OFFICE USE ONLY: ACCOUNT # _____