



# City of Corbin

## BUSINESS LICENSE FORM

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

PO BOX 1343 Corbin, KY 40702 or Fax (606) 523-6500

Name of Business: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

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

Thank you,

*Skye Estep*

Skye Estep  
City Collector