

REVENUE COMMISSION

Note: Certain information provided on this questionnaire such as business name, business address and owner's name may be subject to public release under open records requests. However, the owner's personal information, including but not limited to social security number and/or federal identification number, home address and reported financial information is strictly confidential and cannot be released to the public.

Return to: Georgetown/Scott County Revenue Commission, PO Box 800, Georgetown, KY 40324  
www.gscrevenue.com or email to info@gscrevenue.com

1) Business or individual name \_\_\_\_\_

2) Local business address \_\_\_\_\_ Zip Code \_\_\_\_\_  
(No P O Boxes)

3) Mailing address for \_\_\_\_\_ Zip Code \_\_\_\_\_  
forms (optional)

4) Email address (if applicable) \_\_\_\_\_

5) Telephone numbers Business \_\_\_\_\_ Fax \_\_\_\_\_

6) Ownership  Individual  Partnership  Corporation  S corporation  
 LLC/sole prop  LLC/partnership  Non-profit  Other

7) Name of owner(s), partners, \_\_\_\_\_  
or corporate officers \_\_\_\_\_

8) Social security number \_\_\_\_\_ Federal ID# \_\_\_\_\_

9) Nature of business \_\_\_\_\_

10) Date business or individual started in Georgetown/Scott County? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Month/Day/Year)

11) Will you be working within the city limits of Georgetown?  YES  NO

12) Do you have employee(s) working in Georgetown/Scott County?  YES  NO  
If YES, how many? \_\_\_\_\_

13) Do you have employees that are residents of Scott County?  YES  NO

14) Do you have subcontractors? (If YES, attach a list and  YES  NO  
indicate name and location of current project(s).)

15) Accounting period per federal income tax return  Calendar year (12/31)  
 Fiscal year \_\_\_\_\_ / \_\_\_\_\_ (Month/Day)

16) Tax preparer name, address, telephone & email \_\_\_\_\_  
(optional) \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

17) Contact person name, address, telephone & email \_\_\_\_\_  
\_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

I HEREBY CERTIFY THAT ALL INFORMATION AND STATEMENTS HEREIN ARE TRUE AND CORRECT. Any false statements made herein shall be punishable according to law; and may be cause for denial of the application or the revocation of the business license. Failure to fill out the application completely may result in the disqualification of the application. COMMUNICATION ACKNOWLEDGEMENT: Completion of this application shall serve as permission for Georgetown-Scott County Revenue Commission to contact the account holder in any of the methods set forth (phone, email, website, etc.) I understand and acknowledge that I may be contacted for collection efforts should my account become delinquent.

Signature

Printed name

Date

MUST be signed by an owner, partner or corporate officer

Form BQ100  
Questionnaire for Occupational License  
Instructions

**COMPLETE ONLY IF YOU HAVE NOT PREVIOUSLY SUBMITTED A QUESTIONNAIRE.** Please make sure that you complete all items. If an item does not apply indicate “NA”. This form **MUST** be signed and dated.

- Line 1: Enter the legal business or trade name. Sole proprietors with no specific business name should enter their name.
- Line 2: Enter the address the business uses or will be using while working within Scott County.
- Line 3: Enter the mailing address for forms if different from line 2.
- Line 4: Enter the businesses email address if applicable.
- Line 5: Enter the telephone and fax numbers of the business (including area code).
- Line 6: Indicate which legal form of ownership the business uses for federal income tax reporting purposes.
- Line 7: List the names of the principal owners, partners or corporate officers.
- Line 8: Enter the social security number and/or federal identification assigned to this business for federal income tax purposes.
- Line 9: Explain the nature of the business to be conducted within Scott County.
- Line 10: Enter the date the business began work within Scott County. This may or may not be the same date the business began operations.
- Line 11: Indicate if any business activity will be conducted within the city limits of Georgetown.
- Line 12: Indicate whether or not you have employees working in Scott County. If so, enter the number.
- Line 13: Indicate whether or not any of the employees indicated on line 12 are residents of Scott County.
- Line 14: Indicate whether or not you use subcontractors to perform the work within Scott County. If so, you must provide a list of the names and addresses of those subcontractors. If you are just beginning operations in Scott County and are not sure of the names of the subcontractors you must provide a list as soon as they become available.
- Line 15: Enter the accounting period used by the business for federal income tax purposes. In most cases if your taxes are due April 15<sup>th</sup> then you are filing based upon a calendar year.
- Line 16: Enter the person’s name and address that will be responsible for completing your income tax returns. If you complete the returns yourself indicate self-prepared.
- Line 17: Enter the name and address of the person you wish to designate as a contact person for matters relating to this occupational license.

MUST be signed by an owner, partner, or corporate officer.

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