

**CITY OF WILLIAMSTOWN
SAFETY ASSESSMENT APPLICATION
ORDINANCE 2017-03**

Name of Business: _____

Description of Business: _____

Address: _____

Contact Person: _____

Contact Number: _____

Email: _____

Signature: _____

Date Signed: _____

Please remit this application and \$20.00 application fee to City of Williamstown, Vivian Link, City Clerk, P.O. Box 147, Williamstown, Kentucky, 41097.

Applicant will be mailed a Certificate of Registration and a blank copy of the monthly Safety Assessment Fee Reporting Worksheet.

For more information or questions please call the Mayor at 859-824-6351.