

APPLICATION FOR BUSINESS LICENSE

CITY OF WILLIAMSTOWN

400 N. MAIN STREET

WILLIAMSTOWN KY, 41097

PHONE 859-824-3633

FAX 859-823-1276

APPLICANT INFORMATION

NAME OF APPLICANT _____

(PERSON/PERSONS FILLING OUT APPLICATION)

SOCIAL SECURITY # _____ **D.O.B.** _____

PHONE # _____ **DRIVER LICENSE #** _____ **STATE** _____

(APPLICANTS)

PRESENT OCCUPATION _____

**PLACE OF RESIDENCE 5 YEARS PRECEDING
APPLICATION** _____

BUSINESS INFORMATION

BUSINESS NAME _____ **BUSINESS PHONE** _____

PLACE OF BUSINESS _____

(IF ALREADY DOING BUSINESS)

LOCATION OF INTENDED BUSINESS _____

NATURE OF INTENDED BUSINESS OR ENTERPRISE _____

NAME, ADDRESS & PHONE NO. OF MANAGER IF OTHER THAN APPLICANT:

NAME & PHONE NO. OF ALARM COMPANY: _____

(IF APPLICABLE)

IN CASE OF EMERGENCY CONTACT NAME _____

ADDRESS _____ **PHONE** _____

RELATION _____

**IT SHALL BE UNLAWFUL KNOWINGLY TO MAKE ANY FALSE STATEMENT OF REPRESENTATION IN THE LICENSE
APPLICATION. PENALY, SEE S110.99.**

APPROVED _____

(CHIEF OF POLICE)

(CITY ADMINISTRATOR)

DATE _____

DATE _____