Print Form

CARROLL COUNTY OCCUPATIONAL LICENSE FEE QUESTIONAIRE

ORDINANCE 90-021 **Effective October 12, 1990. An Ordinance relating to License Fees upon all persons who are engaged or employed in any trade, occupation or profession (income generated in) within CARROLL COUNTY.**

NAME OF BUSINESS OR PERSON:_____**PHONE:**_____

ADDRESS: _____**FAX:**_____

_____**E-MAIL**_____

MAILING ADDRESS: _____
(If different from above)

_____

_____

FEDERAL ID NUMBER OR SSN: _____

TYPE OF BUSINESS:

☐ **Individual** ☐ **Association** ☐ **Corporation** ☐ **Farm** ☐ **Fiduciary**
☐ **Partnership** ☐ **Government** ☐ **Other**

Date work began in Carroll County: _____ **Nature of Business:**_____

Do you have any employees working in Carroll County? ☐ **Yes** ☐ **No** **Approximate Number:**_____

Accounting Period: ☐ **Calendar Year** ☐ **Fiscal Year**_____
Month/Day

If Partnership, list names and addresses of partners:

Name:_____ **Address**_____

Name:_____ **Address**_____

Signature:_____**Title**_____**Date**_____

RETURN QUESTIONAIRE TO: **CARROLL COUNTY OCCUPATIONAL TAX ADMINISTRATOR**
440 MAIN STREET, SECOND FLOOR COURTHOUSE
CARROLLTON, KENTUCKY 41008

TELEPHONE NUMBER: (502) 732-7003 **cctax@bellsouth.net** **FAX NUMBER: (502) 732-7023**

For Office Use Only: Date received:_____Account Number_____License Number:_____
Reporting Forms:_____Quarterly _____Net Profit Only _____Both