



CITY OF MIDDLETOWN BUSINESS REGISTRATION FORM

Phone: 502-245-2762 web: cityofmiddletownky.org
License fee is \$50

Return to: City of Middletown Business License
11803 Old Shelbyville Road, Middletown, KY 40243
e-mail: license@cityofmiddletownky.org

Every Business or individual subject to the Occupational License Tax is required to complete this application and return it to the Tax Administrator. Kentucky Attorney General Opinion (OAG-85-1) provides that the Occupational Tax Office must let persons inspect records pertaining to principal business location, address and telephone number of each person or entity (trade name if different) and nature of business of the person or entity filing the application. Please answer all applicable questions.

Business Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Business Phone: _____ Cell: _____ E-mail: _____

Social Security Number or Federal ID# _____

Insurance Carrier: _____

Nature of Business: _____

Do you have employees in the City of Middletown: ☐ Yes ☐ No If yes, how many: _____

Do you use contract labor? ☐ Yes ☐ No If yes, please list all names and addresses on a separate sheet.

Do you have remote workers in Middletown? ☐ Yes ☐ No If yes, please list all names/addresses on a separate sheet.

Date operations begin/began in Middletown: _____

Tax Classification: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ S Corporation
☐ LLC/Sole Proprietor ☐ LLC/Partnership ☐ LLC/Corporations ☐ LLC/S Corporation
☐ Non Profit ☐ Other: _____

Accounting period per Federal return: ☐ Calendar year ☐ Fiscal Year (month/day) _____

Do you have any other businesses in the City of Middletown? ☐ Yes ☐ No If yes, please list business name: _____

Contact Person: _____ E-mail: _____ Phone: _____

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct and complete.

Signature: _____

Title: _____

Printed Name: _____

Date: _____

Office use only: Date received _____ Business License Number: _____