



OHIO COUNTY OCCUPATIONAL TAX

P. O. Box 185, Hartford, KY 42347
Phone: (270) 298-4410 Fax: (270) 298-4409

QUESTIONNAIRE

(Return within 10 days of receipt)

Every individual or business conducting an activity (i.e. farming, sales, rentals, etc.), subject to the Occupational License Fee (Ordinance 2009-2) is required to complete this Questionnaire and return it to the Ohio County Occupational Tax Administrator within 10 days of receipt.

The following information is necessary and will be held in strict confidence. Please answer all applicable questions.

Name or Business /Activity / Trade Name: _____

Location Address: _____

Mailing Address (if different from location): _____

Phone #: _____ Fax # _____ Web address _____

LOCATION in Ohio County: _____

DATE Started in Ohio County: _____ / _____ / _____
Month Day Year

Nature OR Type of Activity / Business: _____

* Working in Bluegrass Crossings Industrial Park? YES _____ NO _____

Type of Business (Circle One) Corporation S Corporation Non-Profit
Sole Proprietorship Partnership Other (state)

Owners/Partners Names: _____

Corporate Officers & Titles: _____

Social Security Number: _____ or Federal Id #: _____

Do you have EMPLOYEES IN Ohio County? Yes _____ No _____ If yes, How many? _____

Do you have SUB-CONTRACTORS hired to work IN Ohio County? Yes _____ No _____

If yes, attach sheet with sufficient information in which to contact them.

Accounting Period: (circle one) A. Calendar Year OR B. Fiscal Year End ____ / ____

Do you RENT or LEASE your business location IN Ohio County? Yes _____ No _____

If rent/lease, from whom: _____

(landlord's) Address: _____

City: _____ State: _____ Zip: _____

Contact Person: Name _____ Phone _____

Mailing Address _____ E-Mail _____

I hereby certify that all information and statements herein are true and correct:

Signature _____ Title _____ Date _____

Please Complete This Form And Return It To Our Office Within (10) Ten Days