

BOYD COUNTY FISCAL COURT  
P O BOX 423  
CATLETTSBURG, KY 41129  
606-739-0164  
Fax 606-739-5446

QUESTIONNAIRE FOR BOYD COUNTY OCCUPATIONAL LICENSE

Please answer all questions completely. **\$100** fee annually. Make checks payable to:

**BOYD COUNTY FISCAL COURT**

1. Business or Trade name \_\_\_\_\_
2. Local Business Address \_\_\_\_\_  
(Physical Address)
3. Mailing Address \_\_\_\_\_  
(If different from #2 or  
a PO Box)
4. Business Telephone No. \_\_\_\_\_ FAX \_\_\_\_\_  
E-Mail \_\_\_\_\_
5. Contact Person \_\_\_\_\_
6. Owners/Partners Name \_\_\_\_\_
7. Owner Soc.Sec.Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ or/EIN \_\_\_\_\_
8. Nature of Business \_\_\_\_\_
9. Date Business Started \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(in Boyd County)
10. Number of Employees \_\_\_\_\_  
Contract Labor (List names and address on back or separate sheet)
11. IRS Accounting Period:  
\_\_\_\_\_ Calendar Year Ends 12/31 \_\_\_\_\_      Fiscal Year Ends \_\_\_\_\_ / \_\_\_\_\_
12. List any other business entities in Boyd County \_\_\_\_\_

I hereby certify all information & statements herein are true and correct.

---

Signature & Title