

CITY OF BEATTYVILLE

P O BOX 307

BEATTYVILLE, KY 41311-0307

(606)-464-5007

FAX: (606)-464-2123

EMPLOYER LICENSE TAX INFORMATION FORM

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

LOCATION OF BUSINESS IF OTHER THAN MAILING ADDRESS: \_\_\_\_\_

CONTACT PERSON OR DEPARTMENT: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

FEDERAL I.D. NUMBER OR SOCIAL SECURITY NUMBER: \_\_\_\_\_

CORPORATION: \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ INDIVIDUAL: \_\_\_\_\_ OTHER \_\_\_\_\_

NATURE OF BUSINESS OR PROFESSION: \_\_\_\_\_

NUMBER OF EMPLOYEES: \_\_\_\_\_ SELF-EMPLOYED \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
BUSINESS NAME

\_\_\_\_\_  
AUTHORIZED SIGNATURE