



BUSINESS LICENSE RENEWAL

Name of Business: _____

Owner: _____

Type of Business: _____

Physical Address: _____

Mailing Address: _____

Phone #: _____ Fax #: _____ Cell #: _____

Email Address _____

Emergency Contact: Name _____ Phone # _____

Federal ID # _____ or SSN _____ No. of Employees _____

Business Year Ends: Calendar ___ Fiscal ___ Fiscal Year Date _____

Certificate of Liability Insurance Required For All Contractors

SIGNATURE OF OWNER OR AUTHORIZED REPRESENTATIVE DATE SIGNED

OFFICIAL USE ONLY

Paid: \$ _____ Check _____ Cash _____ M.O. _____ Credit Card _____

Clerks Initials: _____ Date Received _____ License # _____

MAIL FORM TO:
PO BOX 567
CAVE CITY, KY 42127

PHONE: 270-773-2188 FAX: 270-773-4522