



City of Grayson, Kentucky
302 E. Main Street- City Hall
Grayson, Kentucky 41143
(606) 474-6651

Business License APPLICATION

CITY USE ONLY:

Date Received: _____
Date Approved: _____
Approved by: _____
Date Issued: _____
City I. D. #: _____

To avoid delays in processing, this document shall be completed in its entirety.
Confidentiality maintained under penalty of law.
Application shall be submitted in person by an authorized representative of the applicant.
Applications not accepted by mail or electronic sources.

Local Business Information

BUSINESS NAME:			
PHYSICAL ADDRESS:			
CITY: GRAYSON		STATE: KY	
ZIP: 41143-			
BUSINESS PHONE: (606)-		FAX LINE:	
FED TAX ID #:			
NATURE OF BUSINESS:			
LOCAL CONTACT PERSON:			
APPLICANT NAME:			
MAILING ADDRESS:			
CITY:		STATE:	PHONE: ()
ZIP:			
ANTICIPATED START DATE:		ESTIMATED # EMPLOYEES:	

Type of organization: ☐ Kentucky resident ☐ Non Resident

☐ Individual ☐ Association ☐ Corporation: Date Incorporated _____ State _____
☐ Partnership (Please attach list of partners including mailing address of each)

Corporate Address (Required if subsidiary or branch of corporate managed operations and differs from above)

NAME:	
ADDRESS:	
CITY:	
STATE:	ZIP:
CONTACT:	PHONE:

Declaration of accuracy

Under the penalties of law, I declare that to the best of my knowledge and belief, information herein is true and accurate. Furthermore, I understand that additional information may be required by statute or ordinance before the issuance of a business license to operate within the city limits of Grayson, KY.

Signature of Applicant	Date	Title
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Mar 2011