QUESTIONNAIRE AND INITIAL REPORTING

FOR AN OCCUPATIONAL LICENSE FEE ACCOUNT

An initial fee of $25.00 (make check payable to LFUCG) must be enclosed with the questionnaire when it is returned. NON-PROFIT organizations will not be required to make the $25.00 initial payment fee nor file Form 228, Net Profits License Fee Return, provided a copy of the federal letter of exemption is submitted to support the non-profit status.

Section 13-13 of the Code of Ordinances provides for annual regulatory or minimum fees that are applicable to varied types of businesses NOT IN ADDITION TO but INSTEAD OF the above mentioned initial fee of $25.00 and this fee may be used as a credit on the annual Net Profits License Fee Return (Form 228) when it becomes due.

OFFICE USE ONLY			
Account #	Validating Number		
Amount	Special Code (circle)		
$	R D B M S G A E		
Business Code	Payment	Type	FYE
	☐ Cash ☐ Check		
Date Assigned	Collector		Req. By

Return to: Division of Revenue, P O Box 14058, Lexington, KY 40512

1) **Business or trade name** _____

2) **Local business address** (No P O Boxes) _____ Zip Code

3) **Home address** _____ Zip Code

4) **Mailing address for forms if different** _____ Zip Code

☐ Check if Mailing Address is to a tax preparer which is not an employee of your business. If so, you **must** complete Lines 2 and/or 3 above.

5) **E-mail address** _____

6) **Telephone numbers** **Business** _____ **Fax** _____ **Home** _____

7) **Ownership** ☐ Sole proprietor ☐ Partnership ☐ Corporation ☐ S corporation
☐ LLC/sole prop ☐ LLC/prtnrshp ☐ LLC/corporation ☐ LLC/S corporation
☐ Non Profit (attach federal exemption letter) ☐ Other _____

8) **Name of owner(s), partners, or corporate officers** _____ _____
_____ _____

9) **Social security number** _____ **Federal ID#** _____

10) **Nature of business** _____

11) **Date business started in Fayette County?** _____ **Do you have employees?** ☐ YES ☐ NO

12) **Is the business properly zoned, and has a Certificate of Occupancy been obtained?** ☐ YES ☐ NO
If "NO", contact the Division of Building Inspection, 101 E. Vine St., 2nd Floor, Lexington, KY Telephone 859-258-3770

13) **Accounting period per federal income tax return?** ☐ Calendar Year ☐ Fiscal Year (mth/day) _____

14) **Do you have any other business entities in Fayette County?** ☐ YES ☐ NO

If "YES", list the business name(s): _____

I certify that, to the best of my knowledge, the above information is true, accurate and complete.

_____ _____ _____
Signature **Title** **Date**