

McCreary County Government
Division of Occupational Tax
P O Box 327
Whitley City, KY 42653
Phone: (606) 376-1322
Fax: (606) 376-4319
E-mail: mc.co.occtax@highland.net

Every business or individual subject to the Occupational License Fee is required to complete this application and return it to the Tax Administrator. (OAG-85-1) Kentucky Attorney General states that the Occupational Tax Office must let persons inspect records pertaining to principle business location, address and telephone number of each person or entity (trade name-if different) and nature of business of the person or entity filling the application.

Answer all questions:

For Business Use Only: Answer Completely

Name of Business or Trade Name: _____

Business Street Address _____

(McCreary County Address) _____

City, State, Zip Code: _____

Mailing Address: _____

(To receive quarterly and annual forms)

City, State, Zip Code: _____

Telephone Number: (____) _____ Fax number: (____) _____

Date operations started in McCreary County: _____

Approximate Number of Employees: _____

Nature of Business: _____

Type of Business: ☐ Corporation ☐ S-Corporation ☐ Partnership ☐ Individual ☐ Fiduciary ☐ Farm ☐ LLC

☐ Religious or Non-Profit Organization ☐ Proprietorship

☐ Other (Please Specify) _____

Must Have

Federal Tax ID # _____

(or Social Security # if no Federal Tax ID#)

Accounting Period: _____ Calendar Year (December 31st) _____ Fiscal Year (State month please) _____

List previous owner's name and address: _____

List contact person(s) name(s) _____ Phone: _____

INDIVIDUAL USE ONLY: *(For those persons whose Employer does not withhold quarterly taxes: ex.: Federal Employees including United States Postal Service, Federal Prison, Forestry Service, ect.)*

Name: _____ Address: _____

City, State, Zip Code: _____

Federal Agency/Business for which you work and address: _____

Start Date: _____ Social Security #: _____

Telephone # (Agency) (____) _____ (Home) (____) _____

Contractors: List all Subcontractors working under you or any Job in McCreary County.

Partnerships: List all Partners with Address and Social Security Information. (Use Additional Paper if necessary).

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct and complete.

Signature _____ Title _____ Date _____

Form App.