APPLICATION

CITY OF HANSON, KENTUCKY

MIMINUM OCCUPATIONAL LICENSE FEE

BUSINESS OWNER:				
BUSINESS NAME:		PHONE	#:	
BUSINESS ADDRESS:				
FEDERAL ID NUMBER OR SOCIA	L SECURITY NUMBER:			
BUSINESS CLASSIFICATION:	Individual Owner	Par	tnership	
	Corporation	Oth	ner	
TYPE OF BUSINESS:				
HAVE CITY PLANNING & ZONIN	G REQUIREMENTS BEEN	MET? _	YES	_NO
NUMBER OF EMPLOYEES WORKING IN CITY:				
DATE ACCOUNTING PERIOS ENDS:				
DATE BUSINESS BEGAN OPERATING IN CITY:				
It is understood that the City of Ha within the City. A minimum license shown a profit. It is also understoo the City and remitted to the City q	e fee must be paid and an and that the license fee must	nnual ret	urn filed whether or n	ot the business has
DATE:	SIGNATURE:			
	TITLE:			
Mail to: CITY CLERK/FINANCIAL	ADMINISTRATOR	\$50.00		
CITY OF HANSON		,	OFFICIAL USE ONLY	,
P.O. BOX 337			License # Assigned	
HANSON, KY 42413				
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			Initials	