



HOPKINS COUNTY FISCAL COURT

P. O. Box 690
56 North Main Street
Madisonville, Kentucky 42431

BUSINESS LICENSE APPLICATION

(Please Print Legibly)

Business Name: _____

DBA _____

EIN/FED ID#: _____ S.S. # _____

Business Location: _____

Mailing Address: _____

(if different) _____

Type of Business: _____ Non Profit: ___Y___ N

Phone Number: _____ Fax Number: _____

Contact Name: _____ Contact Title: _____

Contact Email: _____

Number of Employees: _____ Amount Enclosed: **\$15.00**

(Check or Money Order Payable to Hopkins County Fiscal Court)

Signature: _____

Tax Administration Use Only		Account Number	<input type="text"/>
Date Received	<input type="text"/>	Amount Paid	<input type="text"/>
		Ck#	<input type="text"/>
Approved	<input type="text"/>		Date <input type="text"/>