



**HOPKINS COUNTY FISCAL COURT**  
P.O. Box 690  
56 North Main Street  
Madisonville, Kentucky 42431

**BUSINESS LICENSE APPLICATION**

(Please Print Legibly)

Business Name: \_\_\_\_\_

EIN/FED ID#: \_\_\_\_\_ Fiscal Year End: \_\_\_\_\_

DBA: \_\_\_\_\_

Business Owner's Name: \_\_\_\_\_

Business Owner's SSN: \_\_\_\_\_ (not needed if provided EIN/FED ID #)

Business Location: \_\_\_\_\_  
(Street Number & Name)

\_\_\_\_\_  
(City, State & Zip)

Mailing Address: \_\_\_\_\_  
(If different)  
(Street Number & Name)

\_\_\_\_\_  
(City, State & Zip)

Type of Business: \_\_\_\_\_ Nonprofit: \_\_\_Y \_\_\_ N

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Amount Enclosed: **\$15.00**  
(Check / Money Order Payable to Hopkins County Fiscal Court)

Signature: \_\_\_\_\_

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