



# HOPKINS COUNTY FISCAL COURT

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

## BUSINESS LICENSE APPLICATION

(Please Print Legibly)

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

SSN: \_\_\_\_\_

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

EIN/FED ID#: \_\_\_\_\_

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

Business Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(if different) \_\_\_\_\_

Type of Business: \_\_\_\_\_ Nonprofit: \_\_\_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: \_\_\_\_\_

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