

**City of Paintsville**  
P.O. Box 1588  
Paintsville, Kentucky 41240-0071  
Phone (606) 789-2600

**QUESTIONNAIRE FOR OCCUPATIONAL TAX ACCOUNT:**

Please complete the following items, type or print clearly please:

- (1.) Federal I.D. or S.S.# \_\_\_\_\_
- (2.) Name of Business: \_\_\_\_\_ (3.) Opening Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- (4.) Street Location: \_\_\_\_\_
- (5.) Forms to be mailed to: \_\_\_\_\_ (6.) Phone ( ) \_\_\_\_\_ - \_\_\_\_\_
- (7.) Address: \_\_\_\_\_
- (8.) City: \_\_\_\_\_ (9.) State: \_\_\_\_\_ (10.) Zip Code: \_\_\_\_\_
- (11.) Ownership: Sole Proprietor ( )      Partnership ( )      Corporation ( )  
                         Non-Profit ( )                      Other ( )
- (12.) List Partners or Officers & \_\_\_\_\_  
Titles or Positions                      \_\_\_\_\_  
   \_\_\_\_\_  
   \_\_\_\_\_
- (13.) Number of Employees: \_\_\_\_\_
- (14.) Nature of Business: \_\_\_\_\_
- (15.) Is business location properly zoned? Yes ( ) or No ( )
- (16.) Has a Certificate of Occupancy been obtained? Yes ( ) or No ( )
- (17.) If "No" for either (15) or (16); contact the City Building Inspector.

\_\_\_\_\_

SIGNATURE

TITLE

DATE