



BOYLE COUNTY TAX ADMINISTRATOR  
321 WEST MAIN STREET, ROOM 117  
BOYLE COUNTY COURTHOUSE  
DANVILLE, KENTUCKY 40422-1848  
PHONE: (859) 238-1115  
FAX: (859) 238-1108

EMAIL ADDRESSES: sryan@boyleky.com; jrjrichardson@boyleky.com

**QUESTIONNAIRE FOR REGISTRATION OF BUSINESS OR BUSINESS NAME CHANGE:**

1. NAME: \_\_\_\_\_
2. DOING BUSINESS AS : \_\_\_\_\_
3. PREVIOUS BUSINESS NAME: \_\_\_\_\_
4. BUSINESS LOCATION : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. MAILING ADDRESS: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_
6. SOCIAL SECURITY NUMBER/FEDERAL ID NUMBER \_\_\_\_\_
7. OWNERSHIP \_\_\_\_\_ SOLE PROPRIETOR \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_  
CORPORATION \_\_\_\_\_ LLC/SOLE PROPRIETOR \_\_\_\_\_ LLC/PARTNERSHIP  
\_\_\_\_\_ S-CORPORATION \_\_\_\_\_ OTHER
8. DESCRIPTION OF BUSINESS \_\_\_\_\_
9. TELEPHONE NUMBER ( ) \_\_\_\_\_ FAX NUMBER ( ) \_\_\_\_\_
10. CONTACT PERSON AND TELEPHONE NUMBER \_\_\_\_\_  
\_\_\_\_\_

10. EMPLOYEES? YES NO (PLEASE CIRCLE)

11. INCOME TAX FILING: 12-31 OR FISCAL YEAR: MONTH \_\_\_\_\_ DAY \_\_\_\_\_

12. DATE BUSINESS STARTED IN BOYLE COUNTY : \_\_\_\_\_

PLEASE COMPLETE QUESTIONNAIRE AND RETURN TO THIS OFFICE BY MAIL,  
E-MAIL OR BY FAX TO THE ADDRESS'S OR FAX NUMBER ABOVE.....

13. Are you a Contractor or Sub-Contractor \_\_\_\_\_ Yes \_\_\_\_\_ No

**(If you answered yes to #13 you are required to pay a Contractor's License Fee of \$50.00 per year) Make checks payable to Boyle County Fiscal Court.**

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true correct and complete.

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

Title: \_\_\_\_\_