

City of West Buechel, Jefferson County, Kentucky

APPLICATION FOR BUSINESS LICENSE

The following information is necessary for our records and will be held in strict confidence.

1. Name _____

2. Address – Principle Business Location _____

_____ Tel. No. _____

3. Accounting Period

Calendar Year _____ or Fiscal Year _____ / _____

(Month) (Day)

4. Federal Tax Identification Number or Social Security No. _____

5. Type of Business _____

6. Other Information _____

Signature _____

Title _____

Date _____

Make checks payable to: City of West Buechel

3705 Bashford Ave.

West Buechel, KY 40218

Note: It is unlawful to engage in any business, occupation, trade or profession (within the City of West Buechel) without first having procured a license from the City Clerk of West Buechel.