

**Crittenden County Tax Administration**  
**107 South Main Street**  
**Suite 208**  
**Marion, Kentucky 42064**

Please complete the following form and return to the address above with a Check or Money Order payable to Crittenden County Fiscal Court in the amount of \$25.00 to register your business.

Once a completed application and payment is received, our office will mail or email you a Business License with your new Local Account number. Please use this number on all future correspondence with our office.

If you are in need of an Employer's Quarterly Return or Net Profit Return form and did not receive one via the mail, you may download one on our website at [www.crittendencountyky.org](http://www.crittendencountyky.org) under the Documents and Forms tab.

**Crittenden County Business License  
Application / Renewal**

New License Application

Renewal License Application

SSN or Federal TIN: \_\_\_\_\_

Business Opening Date: \_\_\_\_\_

Name of Reporting Individual / Business: \_\_\_\_\_

Business Type / Services Offered: \_\_\_\_\_

How do you file your Taxes with IRS:  Calendar Year  Fiscal Year \_\_\_\_\_ FY Begin / End

Physical Address:

Mailing Address:  Same as Physical

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

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

Ownership:

- Individual  
 Sole Proprietorship     Partnership     C-Corp     S-Corp     LLC  
 Non-Profit (*Non Profit must provide a copy of an IRS letter of exemption*)

Do you have employees in which FICA taxes are applicable and W2 issued:  No  Yes How many? \_\_\_\_\_

Do you have contract labor:  No  Yes (include a list of companies and addresses with application)

*Farm applicants:*

Do you lease or rent the grounds?  No  Yes (please provide name and address of lessee or renter below)

\_\_\_\_\_  
\_\_\_\_\_

Owners/Partners Names:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Corporation Officers & Titles:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Printed Name of Applicant / Title

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

**Office Use Only:**

Account Number: \_\_\_\_\_ License Year: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Cash / Check # \_\_\_\_\_

Net Profit Only     Payroll Only     Payroll and Net Profit    Magisterial District: 1 2 3 4 5 6 Other: \_\_\_\_\_