

BUSINESS LICENSE QUESTIONNAIRE

Jeffersontown, Kentucky 40299

Fax: (502) 267-0547

Pursuant to City Ordinance No. 1127, Series 2007, persons, firms or organizations engaged in any trade or profession operating in the City of Jeffersontown for profit or gain, to first register with said City.

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Type or Print

1. Name: (If registering as individual) _____
2. Corporation Name: _____
3. Trade Name or D.B.A. (If different than above) _____
4. Primary Corporate/Business Address:
- Street: _____ Phone: _____
- City, State, Zip: _____ Fax: _____
- Date Organized: _____ State or Country of Incorporation: _____
5. Email Address: _____ 6. Website: _____
7. Fed Tax I.D. or SS# : _____ 8. If Non-Profit, Tax Exempt # _____
9. Nature of Business: _____ 10. NAIC # _____
11. Date business or work started or will start in Jeffersontown: _____ 12. Number of full-time employees: _____

IF BUSINESS EMPLOYS PEOPLE WORKING IN JEFFERSONTOWN, THEN EMPLOYER MUST FILE QUARTERLY OCCUPATIONAL TAX RETURNS WITH THE CITY OF JEFFERSONTOWN.

13. If you are obtaining a previously established business or a change in the organization has occurred:
- Date of change:_____ Date employment began:_____
- Former corporate or trade name, if any:_____

14. Addresses: (Please complete all applicable)

- a. If business is physically located in Jeffersontown, Kentucky

Street: _____ Zip: _____ Phone: _____

Fax: _____ Contact: _____

- b. Payroll Service address: (If different than above)

Street: _____ City, State, Zip: _____

Phone: _____ Fax: _____ Contact: _____

- c. If corporation, LLC or LP, name and address of designated process agent in Kentucky.

Street: _____ City, State, Zip: _____

Phone: _____ Fax: _____ Contact: _____

15. For additional information or in case of emergency contact:

Name: _____ Phone: _____

**** PLEASE NOTE **** It is the applicant's responsibility to inform the Revenue Department of any changes in ownership, addresses, number of employees or termination of business activity. The undersigned (business) agrees to be responsible for all collection costs and attorney's fees in connection with any delinquent account.

Signature: _____ Date: _____

(FOR OFFICE USE ONLY)

Account Nos:

☐ ABC Licensed ☐ Financial Institution ☐ Governmental Agency ☐ Non-Profit ☒ Other

BILL DIERUF
MAYOR



RICHARD W. SANDERS
CHIEF OF POLICE

JEFFERSONTOWN POLICE DEPARTMENT
10410 TAYLORSVILLE ROAD
JEFFERSONTOWN, KENTUCKY 40299
502/267-0503 · FAX 502/267-5936

CITY OF JEFFERSONTOWN BUSINESS OWNER INFORMATION FORM

Name of Applicant _____ Phone # _____
Address _____
Business Name _____ Phone # _____
Business Address _____ Fax # _____

EMERGENCY CONTACTS TO BE NOTIFIED

1. Name _____ Home # _____ Cell # _____
1. Name _____ Home # _____ Cell # _____
1. Name _____ Home # _____ Cell # _____

BURGLAR ALARM INFORMATION (If Applicable)

Alarm Company Name _____ Phone # _____
Alarm Company Monitoring Station Name _____

Additional Alarm Information

The City of Jeffersontown has an Alarm Ordinance. Jeffersontown Ordinance #1123 allows for the citing of unwanted alarms. A subscriber is allowed 2 unwanted alarms in a calendar year. The fines are as follows:

Third unwanted alarm: \$75.00 fee + \$20.00 fine Total \$95.00
Fourth unwanted alarm: \$75.00 fee + \$50.00 fine Total \$125.00
Fifth unwanted alarm (& each subsequent): \$75.00 + \$100.00 fine Total \$175.00

**PLEASE KEEP THE JEFFERSONTOWN POLICE DEPARTMENT UPDATED
IN REFERENCE TO ANY ALARM COMPANY OR EMERGENCY CONTACT
CHANGES YOU MAY HAVE!**

Chaplain Tom Dillard
Crime Prevention and Community Liaison
502-267-0503