

Rick Richards  
Mayor

# City of West Buechel



Office: (502) 459-4400  
Fax: (502) 456-6928

## APPLICATION FOR BUSINESS LICENSE

I.D. # \_\_\_\_\_

The following information is necessary 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 NUMBER

\_\_\_\_\_

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.