

City of Mt. Washington

P.O. Box 285

Mt. Washington, KY 40047

Phone (502) 538-4216 or (502) 955-6784

Fax (502) 538-4064

www.mtwashingtonky.org



Renewal
New Applicant



Business Information

Federal Tax ID# or S.S.N.# _____

Renewal
City ID# _____

Name of Business _____

Business Address _____

Street Address Apt./ Ste # City State Zip

Mailing Address _____

(If different from above) Street Address Apt./ Ste # City State Zip

Phone # () Cell # () Fax # ()

Email : _____

Nature/Type of Business _____

Location/Job Site you will be working at in City of Mt. Washington _____

(If Business is not located in Mt. Washington)

Ownership: (check one)

Corporation _____

Fiduciary _____

Ind. Owner _____

Partnership _____

Other _____

Number of Employees _____

Do you Hire Subcontractors _____

If yes, please list below or
supply a listing w/application: (yes or no)

Owner Information

Owner Name _____ Phone _____

Owner Address _____

Street City State Zip

Name of each Officer, Partner, or Business Associates

Has the Owner or any Officer, Partner, Business Associate ever been
convicted of a felony? Yes or No

Phone Email:

Phone Email:

Phone Email:

Owner's previous address

(Only if owner has lived at above address less than 5 years - please provide previous address)

Owner

Previous Address _____

Street City State Zip

Vendors Only

Describe the merchandise to be sold _____

Signature

**PAYMENT DOES NOT ASSURE APPROVAL OF APPLICATION. A CERTIFICATE WILL BE MAILED UPON
APPROVAL AND MUST BE RECEIVED AND POSTED PRIOR TO BUSINESS OPERATION.**

Applicant Signature _____ Date _____

You will receive your business license certificate to the mailing address provided, once application is processed.

CERTIFICATE MUST BE POSTED

For Office Use Only

Amount Paid _____

(Payment Type)

Check ☐

Cash ☐

Credit ☐

Date _____

New Applicant - \$75.00

Renewal Fee - \$75.00