Questionnaire for
Occupational License

Georgetown-Scott County REVENUE COMMISSION

Form BQ100
Revised 10/2025

Note: Certain information provided on this questionnaire such as business name, business address and owner's name may be subject to public release under open records requests. However, the owner's personal information, including but not limited to social security number and/or federal identification number, home address and reported financial information is strictly confidential and cannot be released to the public.

Return to: Georgetown/Scott County Revenue Commission, PO Box 800, Georgetown, KY 40324
www.gscrevenue.com OR email to info@gscrevenue.com

1) Business or individual name _____

2) Local business address (No P O Boxes) _____ Zip Code

3) Mailing Address _____ Zip Code

4) Email address (if applicable) _____

5) Telephone number(s) Business _____ Cell _____

6) Ownership ☐ Individual ☐ Partnership ☐ Corporation ☐ S corporation
☐ LLC/sole prop ☐ LLC/partnership ☐ Non-profit ☐ Other

7) Name(s) of Owner, partner or corporate officer _____

8) Social security number _____ Federal ID# _____

9) Nature of business _____

10) Date business or individual started in Georgetown/Scott County? ____ / ____ / ____ (Month/Day/Year)

11) Will you be working within the city limits of Georgetown? Yes/No

12) Do you have employee(s) working in Georgetown/Scott County? Yes/No If YES, how many? _____

13) Do you have employees that are residents of Scott County? Yes/No

14) Do you have remote employees working in Georgetown/Scott County? (if YES, attach a list indicating addresses of remote employees) Yes/No

15) Do you have subcontractors? (If YES, attach a list and indicate name and location of current project(s).) Yes/No

16) Accounting period per federal income tax return
☐ Calendar year (12/31)
☐ Fiscal year ____ / ____ (Month/Day)

17) Tax preparer name, address, telephone & email (optional) _____
Zip Code Phone

18) Contact person name, address, telephone & email _____
Zip Code Phone

I HEREBY CERTIFY THAT ALL INFORMATION AND STATEMENTS HEREIN ARE TRUE AND CORRECT. Any false statements made herein shall be punishable according to law; and may be cause for denial of the application or the revocation of the business license. **Failure to fill out the application completely may result in the disqualification of the application.** COMMUNICATION ACKNOWLEDGEMENT: Completion of this application shall serve as permission for Georgetown-Scott County Revenue Commission to contact the account holder in any of the methods set forth (phone, email, website, etc.) I understand and acknowledge that I may be contacted for collection efforts should my account become delinquent.

Signature — Printed name — Date

MUST be signed by an owner, partner or corporate officer