

**REGISTRATION FORM
GARRARD COUNTY LICENSE FEE**

**PLEASE FILL OUT AND RETURN COMPLETED FORM WITHIN 10 DAYS, ALONG WITH \$25.00 REGISTRATION FEE
MAKE CHECKS PAYABLE TO GARRARD COUNTY FISCAL COURT**

NAME OF BUSINESS

DATE STARTED WORK IN GARRARD CO.

MAILING ADDRESS OF BUSINESS

NATURE OF BUSINESS

NAME OF BUSINESS OWNER(S)

**NUMBER OF EMPLOYEES WORKING
IN GARRARD COUNTY**

BUSINESS PHONE NUMBER(S)

**FEDERAL TAX ID NUMBER OR
INDIVIDUAL'S SOCIAL SECURITY NUMBER**

EMAIL ADDRESS

SIGNATURE

DATE

GARRARD COUNTY TAX ADMINISTRATOR CONTACT INFO:

**MAILING ADDRESS: P.O. BOX 595, LANCASTER, KY 40444
PHONE: 859-792-3531**