

City of Lyndon
515 Wood Road
Louisville, KY 40222

Phone #: 502-423-0932

Fax #: 502-339-9722

Email: lyndontreasurer@cityoflyndon.org

BUSINESS LICENSE APPLICATION

BUSINESS NAME:		DATE:
LOCAL ADDRESS:		PHONE #:
CITY:	STATE:	ZIP CODE:
MAILING ADDRESS: (If different from above)		
CITY:	STATE:	ZIP CODE:
LOCAL CONTACT: EMAIL:		PHONE #:
AFTER HOURS EMERGENCY CONTACT: (Provided to Lyndon Police Dept.)		PHONE #:
BUSINESS OWNER:		
BUSINESS DESCRIPTION:		BUSINESS HOURS:
FEDERAL TAX I.D. # or SOCIAL SECURITY #:		
OWNER'S PREVIOUS OCCUPATION:		
OWNER'S PREVIOUS PLACE OF BUSINESS:		
OWNER'S PLACE OF RESIDENCE 5 YRS. PRECEDING DATE OF APPLICATION:		
SIGNATURE:	PRINT NAME:	

Please print or type.
Business License Fee \$100
Please return the completed form with your
check made payable to City of Lyndon, 515
Wood Rd., Louisville, KY 40222.

Office Use Only

Business License #: _____

Date Paid: _____

License Expiration Date: _____