



CITY OF LYNDON

Ph: 502-423-0932 web: cityoflyndon.org e-mail: revenue@cityoflyndon.org

BUSINESS REGISTRATION FORM

Return to: *City of Lyndon, Attn: Revenue, 515 Wood Rd., Lyndon, KY 40222*

Business Name: _____

Address: _____

City, State, Zip Code: _____

Mailing Address (if different from above): _____

Business Phone: _____ Cell: _____ E-mail: _____

Social Security Number or Federal ID#: _____

Insurance Carrier: _____

Nature of Business: _____

Do you have employees in the City of Lyndon: Yes No If yes, how many: _____

Do you use contract labor? Yes No If yes, please list all names and addresses on a separate sheet.

Do you have remote workers in Lyndon? Yes No If yes, please list all names/addresses on a separate sheet.

Date operations begin/began in Lyndon: _____

Tax Classification: Sole Proprietor Partnership Corporation S Corporation

LLC/Sole Proprietor LLC/Partnership LLC/Corporations LLC/S Corporation

Non Profit Other: _____

Accounting period per Federal return: Calendar year Fiscal Year (month/day) _____

Do you have any other businesses in the City of Lyndon? Yes No If yes, please list business name: _____

Contact Person: _____ E-mail: _____ Phone: _____

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct and complete.

Signature: _____ Title: _____

Printed Name: _____ Date: _____

Office use only: Date received _____ Business Registration Number: _____