



# CITY OF LYNDON

Ph: 502-423-0932 web: [cityoflyndon.org](http://cityoflyndon.org) e-mail: [lyndontreasurer@cityoflyndon.org](mailto:lyndontreasurer@cityoflyndon.org)

## BUSINESS REGISTRATION FORM

License fee - \$100 (Required for businesses located within Lyndon's corporate boundaries only.)

Return to: City of Lyndon, Attn: Business Licensing, 515 Wood Rd., Lyndon, KY 40222

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Business Owner: \_\_\_\_\_

Social Security Number or Federal Tax 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: \_\_\_\_\_

Payroll 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 License Number: \_\_\_\_\_