



**City of Grayson, Kentucky**  
**302 E. Main Street- City Hall**  
**Grayson, Kentucky 41143**

**Application**  
**License to Conduct Business**  
**within the City**

<b>City Use Only</b>
Date Received: _____
Date Approved: _____
Approved by: _____
Date Issued: _____
BL # Issued: _____

*To avoid delays in processing, this document shall be completed in its entirety  
Confidentiality shall be maintained under penalty of law.  
All applications shall be Notarized for authenticity before processed.*

<b>Nature of Business (Commodity/Service)</b>
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**DBA- Local Business Activity Information:**

Doing Business As Name:		
If a single fixed location is used, provide the following:		
Physical Address:		
City:	State:	Zip:
For ALL Applicants, to include but not limited to, localized businesses such as lawn care, construction, rental property, real estate, professional services, etc. based outside Grayson and for businesses that have Corporate responsible offices outside Grayson, provide the following:		
Corporate or Business Professional Name:		
Fed Tax ID# or SS#:		
Responsible Contact or Corporate Agent:		
Mailing Address to Receive Official Mail:		
City:	State:	Zip:
Primary Phone #:	Alt Phone #:	
Est # Employees working inside city:	State Date of Business Activity:     /     /	
<b>Corporate status:</b> <input type="checkbox"/> Kentucky resident <input type="checkbox"/> Non-resident <input type="checkbox"/> Not Incorporated <input type="checkbox"/> Individual <input type="checkbox"/> Association <input type="checkbox"/> Corporation- State Organized _____ Year Incorporated: _____		

There is a \$20 fee associated with this application, that will be credited to the First Quarter of operation. Remit checks payable to: **City of Grayson** Credit card payments can be made in person or by calling **(606) 474-6651** during normal business hours, 8am-4pm, Mon-Fri, eastern time.

Application prepared by: (Please print)	Signature of Preparer:
Title of preparer:	Date Signed:

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_.

Notary Public \_\_\_\_\_ State of \_\_\_\_\_ ID# \_\_\_\_\_

My commission expires \_\_\_\_\_