

CITY OF SHELBYVILLE, KENTUCKY

P.O. Box 1289
315 Washington Street
Shelbyville, KY 40066-3289

New Business License
Minimum Business License Fee \$75

Business Name: _____

DBA: _____

FEIN: _____

Business Classification (ex: LLC, Sole Proprietor, Corporation): _____

Owner or Contact Name: _____

Contact Number: _____

Contact Email: _____

Location of City Business: _____

Mailing Address to Receive Correspondence: _____

Type of Business: _____

Do You Have Employees: _____

Please mail or deliver this form along with payment to the above address.