



Business License Application

Please complete the form below and remit with a \$75 fee to 315 Washington Street, Shelbyville, KY 40065.

Please make checks payable to: "City of Shelbyville".

Business Name _____

Business Owner _____

Federal ID # _____ Business Classification (ex. LLC, Corporation) _____

Contact Name _____ Email _____

Direct Number or Extension _____

Business Telephone number _____

Local Business Address _____

Or Address of Work from Home Employee _____

Mailing Address for Forms _____

Nature of Business _____

Will you have employees working in the City of Shelbyville: Please Circle YES NO

Accounting period per federal income tax return: Calendar year (12/31) OR Fiscal Year ____/____ (Month/Day)
(This city license will need to be renewed each year you remain in business, due the same time as your federal tax return)

If your physical business location will be in the city limits, you must first get signed approval from Triple S Planning and Zoning (located at 419 Washington Street Shelbyville, Ky 40065) stating your business is approved for the zone of the location.

Signature: _____ Date: _____

If your business in Shelbyville consists of a jobsite or work from home employee, please sign below to signify the above does not apply to you.

Signature: _____ Date: _____

Monday - Friday 8:30 am - 4:30 pm
315 Washington Street Shelbyville, Ky 40065
502-633-8000 Fax 502-633-4292
www.shelbyvillekentucky.com