



HOPKINS COUNTY FISCAL COURT

56 North Main Street
Madisonville, Kentucky 42431

BUSINESS LICENSE APPLICATION

* Business Name: _____

DBA _____

* Business Location: _____

* Mailing Address: _____
(if different) _____

* Phone Number: _____ Fax Number: _____

* Contact Name: _____

* Number of Employees: _____ * Amount Enclosed: _____

* Signature _____

Tax Administration Use Only	Account Number	<input type="text"/>	
Date Received	<input type="text"/>	Amount Paid <input type="text"/>	Ck # <input type="text"/>
Approved	<input type="text"/>	Date	<input type="text"/>

* Required Information (Please Print)

