



HARTFORD OCCUPATIONAL TAX

116 E. Washington St., Hartford, KY 42347

Phone: (270) 298-3612 ~ Fax: (270) 298-3220

Questionnaire

(Return within 10 days of receipt)

Every individual or business conducting an activity (i.e. farming, sales, rentals, etc.), subject to the City of Hartford Occupational License Fee (Ordinance No. 2013-06) is **required to complete this Questionnaire and return it to the City of Hartford Occupational Tax Administrator with 10 days of receipt.**

The following information is necessary and will be held in strict confidence. Please answer all applicable questions.

Name or Business/Activity/Trade Name: _____

Location Address: _____

Mailing Address (if different from location): _____

Phone #: _____ Fax #: _____ Web address: _____

LOCATION in Hartford, KY: _____

DATE Started in Hartford, KY: _____ / _____ / _____
Month Day Year

Nature OR Type of Activity/Business: _____

Type of Business (Circle One) Corporation S Corporation Non-Profit
Sole Proprietorship Partnership Other (state)

Owner(s)/Partner(s) Name(s): _____

Corporate Officers & Titles: _____

Social Security Number: _____ or Federal ID#: _____

Do you have EMPLOYEES IN Hartford, KY? Yes ___ No ___ If yes, How Many? _____

Do you have SUB-CONTRACTORS hired to work IN Hartford, KY? Yes ___ No ___
If yes, attach sheet with sufficient information in which to contact them.

Accounting Period: (circle one) A. Calendar Year OR B. Fiscal Year End ___ / ___

Do you RENT or LEASE your business location IN Hartford? Yes ___ No ___

IF rent/lease, from whom: _____

(Landlord's) Address: _____

City: _____ State: _____ Zip: _____

Contact Person: Name _____ Phone _____

Mailing Address _____ E-Mail _____

I hereby certify that all information and statements herein are true and correct:

Signature _____ Title _____ Date _____

Please Complete This Form And Return It To Our Office Within (10 Ten Days)