



Boone County Fiscal Court

www.BooneCountyKy.org
2950 Washington Street
PO Box 960
Burlington, KY 41005
(859) 334-2144 (859) 334-3914 fax
Occllicense@boonecountyky.org

Request to Change Occupational License Account

Name: _____ Account #: _____

dba: _____ FEIN/SSN: _____
(please advise if incorrect)

Address: _____

City, State, Zip: _____

For Official Use Only
Date Entered _____
Initial _____

1. Physical Location Address Change:

if you move your home based business to a new location please contact Planning & Zoning at 859-334-2196

2. Mailing Address Change:

3. Additional Physical Location:

4. Telephone Number Request Change:

5. Name Change:

6. I am still operating this business but have no employees effective (date) _____.

Completing this eliminates the requirement for quarterly withholding returns based on the effective date, but it is the responsibility of the company to inform Boone County if the company resumes having taxable employees.

7. I will begin paying employees effective (date) _____.

Completing this adds the requirement for filing quarterly/Annual withholding returns based on the effective date.

8. The business federal year end is changed to _____. You must attach a copy of approval from the Internal Revenue Service to change a fiscal year end.

9. If you change your Federal ID # or SSN a new application must be completed.

Printed Name: _____ **Signed:** _____

Official Title: _____ **Date:** _____

E-mail _____ **Telephone Number:** _____

I declare, under the penalties of perjury, that I have examined this document and to the best of my knowledge and belief, this is a true and accurate informational statement.