

CITY OF SHELBYVILLE, KENTUCKY

P.O. Box 1289

315 Washington Street

Shelbyville, KY 40066-3289

FARMERS MARKET LICENSE

IF DOING BUSINESS NO MORE THAN 6 MONTHS/1 MARKET; FEE IS \$25

IF MORE THAN 6 MONTHS/MORE THAN 1 MARKET; FEE IS \$50

Business Name: _____

DBA: _____

FEIN: _____

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

Owner or Contact Name: _____

Contact Number: _____

Contact Email: _____

Location of Shelbyville City Business: _____

Dates/Time Period Plan To Sell: _____

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.