

CITY OF SHELBYVILLE, KENTUCKY

P.O. Box 1289

315 Washington St.

Shelbyville, KY 40066-3289

Net Profits Business License

Minimum Business License \$75.00

City Account Number

BUSINESS NAME _____

Owner or Contact Name _____

Street Address _____

City, State, Zip _____

TYPE OF BUSINESS _____

Employees _____ **Yes** _____ **No**

AMOUNT PAID \$ _____ **Check** _____ **Cash** _____

This is to certify that the person or firm named herein has paid into my hand the minimum payment of tax as set out herein for the use and benefit of the City aforesaid and is licensed to engage in business noted above.

THIS LICENSE EXPIRES _____

Paid _____ **20** _____

City Clerk/Administrator Staff

If Business Closes, Moves, or Changes Owners, Notify this Office