

**CITY OF SHELBYVILLE, KENTUCKY**

P.O. Box 1289  
315 Washington Street  
Shelbyville, KY 40066-3289

***Net Profits Business License***  
***Minimum Business License Fee \$75***

Business Name: \_\_\_\_\_

DBA: \_\_\_\_\_

FEIN: \_\_\_\_\_

Business Classification (ex: LLC, Sole Proprietor, Corporation): \_\_\_\_\_

Owner or Contact Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Location of Business in Shelbyville (or jobsite or address of work from home employee): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.**