

**REGISTRATION FORM  
CITY OF LANCASTER LICENSE FEE**

PLEASE FILL OUT AND RETURN COMPLETED FORM WITHIN 10 DAYS, ALONG WITH APPLICABLE FEE.  
MAKE CHECKS PAYABLE TO CITY OF LANCASTER

\_\_\_\_\_  
NAME OF BUSINESS

\_\_\_\_\_  
DATE STARTED WORK IN CITY OF LANCASTER

\_\_\_\_\_  
MAILING ADDRESS OF BUSINESS

\_\_\_\_\_  
NATURE OF BUSINESS

\_\_\_\_\_  
NAME OF BUSINESS OWNER(S)

\_\_\_\_\_  
NUMBER OF EMPLOYEES  
WORKING IN CITY OF LANCASTER

\_\_\_\_\_  
BUSINESS PHONE NUMBER(S)

\_\_\_\_\_  
FEDERAL TAX ID NUMBER OR  
INDIVIDUAL'S SOCIAL SECURITY NUMBER

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
SIGNATURE DATE

CITY OF LANCASTER TAX ADMINISTRATOR CONTACT  
INFO:

MAILING ADDRESS: 308 W. MAPLE AVE., LANCASTER, KY  
40444 PHONE: 859-792-2241