



Director of Finance
100 Court Street
Georgetown, KY 40324
(502) 863-9803 Fax (502) 863-9810

Garbage Franchise Application

Name of Business/Trade Name: _____

Business Street Address: _____

City, State, Zip: _____

Mailing Address: _____

City, State, Zip: _____

Telephone Number: (____) _____ Fax Number: (____) _____

Owner/Responsible Party Name: _____

Address: _____

City, State, Zip: _____ Telephone No: (____) _____

Date Operations started in Georgetown: _____ Approx. number of employees: _____

Type of Business: ___ Corporation ___ SCorp ___ Partnership ___ Indiv. ___ Fiduciary
___ LLC ___ Other: _____

Federal EIN: _____

Accounting Period: ___ Calendar year (December 31st) ___ Fiscal year (Month _____)

Partnerships:

List all Partners with Address and Social Security Information. (Use Additional Sheets)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct and complete.

Signature: _____ Title: _____

Date: _____

For Official Use Only:

Approved: _____ Date: _____