

City of Stanton

P.O. Box 370
Stanton, KY 40380

OCCUPATIONAL LICENSE APPLICATION

Name of Applicant/Business Owner: _____

Phone Number: _____ Business Phone Number: _____

Fax Number: _____ Email: _____

Tax ID Number or Driver's License Number: _____

Location of Business: _____

Mailing Address: _____

Zoning District if Applicable _____

Type of Business: _____

Date: _____

Signature of Applicant: _____