



CITY OF COLUMBIA

116 CAMPBELLSVILLE STREET COLUMBIA, KY 42728

Phone: 270-384-2501

Fax: 270-384-3799

Application for Occupational License

Today's Date: _____ Date Business Opened: _____

Name of Business: _____

Business Physical Address: _____

Business Mailing Address: _____

Business Phone: _____

List Each Owner Below:

Owner's Name: _____

Owner's Address: _____

Owner's Name: _____

Owner's Address: _____

Tax Id Number: _____

Nature of Business: _____

Description of merchandise to be sold: _____

If Temporary Vendor – Dates of Business: _____

If Transport Service - # of vehicles in service: _____

Printed Name of Applicant

Signature of Applicant