

City of Lyndon
515 Wood Road
Louisville, KY 40222

Phone #: 502-423-0932

Fax #: 502-339-9722

Email: lyndontreasurer@bellsouth.net

BUSINESS LICENSE APPLICATION

BUSINESS NAME:		DATE:
LOCAL ADDRESS:	PHONE #:	
CITY:	STATE:	ZIP CODE:
MAILING ADDRESS: (If different from above)		
CITY:	STATE:	ZIP CODE:
LOCAL CONTACT:	PHONE #:	
AFTER HOURS EMERGENCY CONTACT: <i>(Provided to Graymoor-Devondale Police Dept.)</i>	PHONE #:	
BUSINESS OWNER:		
BUSINESS DESCRIPTION:	BUSINESS HOURS:	
FEDERAL TAX I.D. # or SOCIAL SECURITY #:		
OWNER'S PREVIOUS OCCUPATION:		
OWNER'S PREVIOUS PLACE OF BUSINESS:		
OWNER'S PLACE OF RESIDENCE 5 YRS. PRECEDING DATE OF APPLICATION:		
SIGNATURE:	PRINT NAME:	

Please print or type. Please return the completed form with your check in the amount of \$75.00 made payable to City of Lyndon, 515 Wood Rd., Louisville, KY 40222.

Office Use Only

Business License #: _____

Date Paid: _____

License Expiration Date: _____