



# Hardin County Government

P.O. Box 479, Elizabethtown, Kentucky 42702

## INDUSTRIAL TAX DISTRICT QUESTIONNAIRE

Form B100  
Revised: 03/01/2023

Initial Application  
 Renewal - \_\_\_\_\_ Year  
 Account Number Assigned \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_

BUSINESS NAME (If Different) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

DATE OPERATIONS BEGAN IN HARDIN COUNTY  
INDUSTRIAL TAX DISTRICT \_\_\_\_/\_\_\_\_/\_\_\_\_

DO YOU RENT OR LEASE YOUR BUSINESS LOCATION IN  
THE INDUSTRIAL TAX DISTRICT? \_\_\_\_\_  
If rent/lease from whom: \_\_\_\_\_  
Landlords address \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

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

NATURE OF BUSINESS \_\_\_\_\_  
(i.e. Manufacturing, Postal, Restaurant, Type of Service, Type of Store, Real Estate, etc.)

LOCATION OF ACTIVITY IN  
THE IND TAX DISTRICT \_\_\_\_\_

FEDERAL TAX ID # OR

CLOSING MONTH OF

SOCIAL SECURITY # \_\_\_\_\_

ACCOUNTING YEAR \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PLEASE SUBMIT FORM W-9

TYPE OF BUSINESS: C CORPORATION  S CORPORATION  PARTNERSHIP  INDIVIDUAL  FIDUCIARY/TRUST  OTHER

DESCRIPTION \_\_\_\_\_

DO YOU HAVE EMPLOYEES  
 YES  NO  
(IF YES YOU MUST SUBMIT COPIES OF FORM W-2 OR A  
DETAILED REPORT WITH ANNUAL RECONCILIATION)

DO YOU HAVE SUBCONTRACTORS  
 YES  NO  
(IF YES YOU MUST SUBMIT COPIES OF FORM  
1099 WITH ANNUAL RECONCILIATION)

**\*\*IF YES, PLEASE ATTACH A SHEET WITH  
SUFFICIENT INFORMATION IN WHICH TO  
CONTACT SUBCONTRACTORS.**

\*\*\*COMPLETE THE FOLLOWING SECTIONS IF INFORMATION IS DIFFERENT FROM ABOVE\*\*\*

### \*\*\*WITHHOLDING INFORMATION\*\*\*

CONTACT PERSON(S) \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
TELEPHONE NUMBER \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

### \*\*\*NET PROFIT INFORMATION\*\*\*

BUSINESS NAME \_\_\_\_\_  
FEDERAL TAX # \_\_\_\_\_  
CONTACT PERSON(S) \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
TELEPHONE NUMBER \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**UNDER PENALTIES OF PERJURY, I DECLARE I HAVE EXAMINED THIS APPLICATION AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. THE \$100.00 ANNUAL LICENSE FEE MUST BE SUBMITTED WITH APPLICATION. MAKE CHECK(S) PAYABLE TO THE HARDIN COUNTY TREASURER.**

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

OFFICIAL USE ONLY: ACCOUNT # _____	CHECK # _____
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