

**Restaurant Tax Questionnaire and Registration Application
Shelbyville, Kentucky**

1. Name of Corporation: _____
2. Brand Name of Restaurant: _____
3. Street Address: _____
4. Mailing Address: _____
5. Restaurant Manager: _____
6. Phone (business) _____ (accountant) _____
7. Email and Website: _____
8. Name and mailing address of owner: _____
9. Seating Information: _____ seats available
10. **Name, Mailing Address & Phone Number of Accountant/Tax Department:**

11. Social Media Platforms: _____
12. Brief description of property and amenities *(to be used in Visitors Guide- 50-75 words):*

High resolution photography is also requested of your restaurant. Please email photos to evelyn@visitshelbyky.com.

The undersigned operator hereby certifies that, to the best of his/her knowledge, all of the foregoing statements are true, correct and complete.

Signed: _____

Title: _____

Date: _____

Mail to:

Shelby County Tourism Commission
219 7th Street
Shelbyville, KY 40065

(A new registration form must be completed within 10 days of any change in the above information.)