

PKY DOWNTOWN ENTERTAINMENT DISTRICT PARTICIPATION APPLICATION

525 High Street - Paris, KY 40361 Phone (859) 987-2110; Fax (859) 987-3653

PA	RTICIPANT IN	FORMATION					
Orga	nization Type:	□Individual	☐ Partnership	☐ Corporation	\Box LLC	Other	□Non-Profit
Organization Name: Phone Number:							
Maili	ng Address:						
Physi	ical Address of p	articipating busi	ness:				
Feder	ral ID (EIN):						
KY State ID Number: Social Security #: (If Individual):							
						/	
ACK	NOWLEDGEM	TENT					
 3. 4. 	and understand the requirements of participation. I and my business are in compliance with all applicable federal, state, and local laws and regulations, including KRS Chapter 243, 804 KAR 4:370, and City Ordinances, including Section 60.214.						
Participant Name:			Par	Participant Signature:			
First)		(Last)		(Tit	le):		

Return application and permit fee to: The City of Paris 525 High Street Paris, KY 40361