

CITY OF ASHLAND

Department of Finance

Occupational License / Net Profit Division

P.O. Box 1839, Ashland, KY 41105-1839

Phone No. 606/385-3358, 3359, or 3360 Fax No. 606/385-3365

OLF-4



**CITY OF ASHLAND
APPLICATION FOR LICENSE FEE REFUND**

NAME:			
HOME ADDRESS (street address):			
MAILING ADDRESS (if different from above):			
TELEPHONE NUMBERS (include area code):	Home		Business

DATE OF BIRTH:	
SOCIAL SECURITY NUMBER:	
EMPLOYER NAME:	
EMPLOYER ADDRESS (street address):	
REQUESTED REFUND AMOUNT:	

The due date for employer payroll information is February 28th. Therefore, to allow adequate verification of payroll amounts, ***no refunds will be processed prior to March 15th.***

DETAIL EXPLANATION FOR REFUND (attach copy of W-2 and a letter of verification from your employer):

I hereby certify that the statements made herein and any supporting schedules are true, correct and complete to the best of my knowledge.

Signature: _____ Date: _____