

**CITY OF DAWSON SPRINGS, KENTUCKY
OCCUPATIONAL LICENSE
FOR THE YEAR _____**

DUE BY MAY 11, _____

FLAT FEE \$50.00

Company Name

Address

City/State/Zip

Make check payable to and mail to:
City of Dawson Springs
P. O. Box 345
Dawson Springs, KY 42408

Signature

Title

Date