



# KENTUCKY DEPARTMENT OF REVENUE

  

## APPLICATION FOR CERTIFICATE OF REGISTRATION TO PURCHASE CERTIFICATES OF DELINQUENCY

Date Stamp  
Office Use Only

A decision on a completed application will be made within ten (10) days of its receipt. To ensure that your application is complete please review each question and use the check box  when all items or questions are satisfied. Failure to file a completed application may result in the denial of your application. Your responses to the questions on this application are continuing in nature. You must promptly notify the Commissioner of any circumstance that would cause your answers to change. Please note that "You" refers to any person included as part of this application, including any owners, officers, directors or business entity. **Please type or print clearly in dark ink.**

**Section A: All applicants must complete this section**

- A1.** Applicant is a(n):       Corporation       Unincorporated Association       Limited Liability Company  
    Partnership       Limited Liability Partnership       Individual/Sole Proprietorship  
 Other: \_\_\_\_\_

**A2.** Name under which applicant will conduct business: \_\_\_\_\_

**A3.** The name and street address of applicant's principal place of business: \_\_\_\_\_  
\_\_\_\_\_

**A4.** Tax ID or social security # of applicant: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**A5.** Name, telephone number and email address of principal contact for registration and compliance matters.  
\_\_\_\_\_

**A6.** Name, telephone number and email address of principal contact for consumer complaints.  
\_\_\_\_\_

**A7.** Name, telephone number and email address of operation/general manager.  
\_\_\_\_\_

**A8.** Address where records pertaining to Kentucky transactions will be maintained.  
\_\_\_\_\_

**A9.** Have you ever been issued registration by this office? If yes, list the date(s) held.      Yes       No   
\_\_\_\_\_

**A10.** Have you ever been denied a registration, or had a registration suspended or revoked, by this State or any other state? If yes, please provide a detailed explanation:      Yes       No   
\_\_\_\_\_

- A11.** Have there been any civil or administrative actions initiated against you by any state, or other governmental unit or any individual in the past 36 months? If yes, please provide details with appropriate documentation: \_\_\_\_\_ Yes  No
- A12.** Are you current and in good standing on all taxes owed the state? If no, please provide a detailed explanation: \_\_\_\_\_ Yes  No
- A13:** Have you previously purchased any certificate of delinquency in the state without first being registered with the state (when required)? If yes, please provide a detailed explanation: \_\_\_\_\_ Yes  No
- A14.** Are you are a related entity or have a related interest with another person that is currently registered or intends to register? A related entity and related interest means a relationship between two persons in which a person: (a) can exercise control or significant influence over another person; (b) is related by blood, adoption, or marriage to another person, (c) controls or is controlled by another person; or (d) is an agent or affiliate of another person. If yes, please provide a detailed explanation: \_\_\_\_\_ Yes  No
- A15.** If you use a trade name, provide a copy of your "doing business as" certificate of assumed name from the Kentucky Secretary of State.

**Section B: All applicants must complete appropriate section**

**To be completed or provided by those operating as a corporation or limited liability company.**

- B1.** Legal name of corporation or LLC: \_\_\_\_\_
- B2.** Full address of principal office of corporation or LLC: \_\_\_\_\_
- B3.** Name and address of your Kentucky process agent: \_\_\_\_\_
- B4.** Applicant is organized under the laws of the state of \_\_\_\_\_
- B5.** Attach a list of the names, business and residence street addresses, and telephone numbers of all principal officers and directors.
- B6.** Attach a list of names and residence street addresses of each owner who controls 25% or more of the corporation or LLC.
- B7.** Attach a list of names and residence street addresses of each person entitled to receive twenty-five (25) percent or more of the profits of the corporation or LLC.
- B8.** Attach a copy of your "Certificate of Good Standing" or "Certificate of Status" from the state in which you are chartered or organized.

**To be completed or provided by those operating as a partnership, limited liability partnership or unincorporated association.**

- B8.** Legal name of partnership, LLP or association \_\_\_\_\_
- B9.** Full address of principal office or partnership or association \_\_\_\_\_
- B10.** Attach a list of the names, residence and business street addresses, and telephone numbers of all general partners or members of the association.

**To be completed or provided by those operating as an individual or sole proprietorship**

- B11.** Residence address: \_\_\_\_\_ Telephone number: \_\_\_\_\_
- Fax number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Section C: All Applicants must complete.**

**THE UNDERSIGNED HEREBY CERTIFIES/AGREES TO THE FOLLOWING:**

- That the information as submitted in the application and supplements hereto is correct, complete and accurate.
- That the Commissioner of the Department of Revenue may conduct any investigation in accordance with State law, into the background of the applicant for purpose of issuing the subject registration.
- To promptly submit any information which may be required for consideration of this application.
- To promptly notify the Commissioner of the Department of Revenue of any change in the information contained in this application.

# Affidavit

I, \_\_\_\_\_, STATE UNDER PENALTY OF PERJURY THAT THE FOREGOING INFORMATION SET FORTH IN THIS APPLICATION, INCLUDING INFORMATION PROVIDED IN THE REQUIRED ATTACHMENTS HERETO, IS TRUE, CORRECT AND COMPLETE.

STATE OF \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF INDIVIDUAL

CITY / COUNTY \_\_\_\_\_

\_\_\_\_\_  
TITLE

Personally appeared before me, \_\_\_\_\_, who being duly  
NAME OF INDIVIDUAL

Sworn according to law, deposes and says that the statements contained in this application are true and correct.

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ .

\_\_\_\_\_  
NOTARY PUBLIC