

LOCAL BUSINESS PREFERENCE No. : _____

Local Business Preference Application

The business as identified below is requesting to be placed upon the City of Frankfort Local Business Preference List, in accordance with City of Frankfort Ordinance No. 9, 1998 Series dated April 2, 1998.

1. Name of Business: _____
2. Address of Primary (Main) Office: _____
3. Does the business have a current City of Frankfort Business / Occupational License?
_____, License No.: _____
4. Does the business have a current Franklin County Business / Occupational License?
_____, License No.: _____
5. Does the business intend to utilize subcontractors in performing work for the City of Frankfort? _____. If yes what percent will be local subcontractors. _____.

For City of Frankfort Use Only

1. Verification of Business / Occupational License. _____, person contacted
_____.
2. Is the primary (main) office located within the city limits of Frankfort? _____,
Franklin County _____.
3. Does the applicant meet the definitions as described in Section 1 (A), of City Ordinance No. 9? _____.
4. LOCAL BUSINESS PREFERENCE NUMBER: _____,
Issued date: _____.
5. Issued by: _____.

Return completed application to: **Purchasing Agent, City of Frankfort, 315 West Second St., Frankfort KY 40601.**