COMMONWEALTH OF KENTUCKY Division of Unemployment Insurance P. O. Box 948 Frankfort, Kentucky 40602-0948 (502) 564-2272 FAX (502) 564-5442

SIGNATURE

This form is to determine if an employer is liable for Unemployment Insurance in Kentucky. You must submit this report within 15 days.

NO ACTION WILL BE TAKEN AND THE FORM RETURNED IF NOT PROPERLY COMPLETED AND SIGNED.

## APPLICATION FOR UNEMPLOYMENT INSURANCE

	Nama P. Mailing Adduson.				T TT 1 / D	0//011	DUNT		
	Name & Mailing Address:					UI-1 (R. 06/91) (To be completed by all employers)			
					5.		type of employment and co	mplete remainder	
							as indicated.	improte remained:	
								business - Parts II and VI	
							usiness Employer - Parts II		
							tic Employer - Parts II and		
							tural Employer - Parts II an		
							New 501(c)(3) Non-Profit Employer - Part I Only*		
	71.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.				-		mental Entity - Part I Only	*	
	Telephone # ()						Resumed Employment - Part II  Enter Date Employment Resumed: * Form UI-1S will be sent to you upon return of this form.		
-									
	Federal Employer ID				- 8	* Form	UI-15 will be sent to you t	ipon return of this form.	
١.	If you have previously been	n assigned an Uner	nploymer	nt Insurance Number, e	nter it here:	9			
4 D2	CHI CENEDAL INFORM	LETON							
AKI	II - GENERAL INFORM Describe <u>MAJOR</u> Busine		NTUCK	Y (BE SPECIFIC)					
a)	Retail Trade (Product	)			(h)	Wholesa	le Trade (Product)		
a) b)	Service (Type)	·			- (I) =	2.	turing (Product)		
c)		-			- 5335				
					(j) [				
i)	Agricultural (Type)				(k)		The state of the s		
e)	Ag. Service (Type)	-1 P			(1)	Other (E	xpiain)		
f)	Finance/Insurance/Re		6.70						
g)	☐ Transportation/Comm	nunication/Utilities	(Type)						
		Administrative Off , development or t	ice		(c) [ (d) [		(warehouse) pecify: power plant, etc.)		
	Identification of Owner, Pa	rtners, (General or	Limited)	, Corporate Officers, et	tc.				
OCL	AL SECURITY NUMBER	FIRST NAME	M.I.	LAST NAME	Т	TTLE	TELEPHONE NO.	RESIDENCE ADDRESS	
OCI.	AL SECURITY NUMBER	FIRST NAME	M.I.	LAST NAME	T	TTLE	TELEPHONE NO.	RESIDENCE ADDRESS	
	AL SECURITY NUMBER  Name, Mailing Address an							RESIDENCE ADDRESS	
,	Name, Mailing Address and		per of per	son with payroll record		from above	2):	RESIDENCE ADDRESS	
0.	Name, Mailing Address and	d Telephone Numb	per of per	son with payroll record	s (if differen	from above	e): Other	RESIDENCE ADDRESS	
0. Corp	Name, Mailing Address and Type of Organization: [ porations Only - List state in Provide the following infor	d Telephone Numb	per of per orship ed and giv	son with payroll record Partnership en name and address of	Corpora	from above	c): Other cy:		
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TITLE

DATE

PAF 17. 18.	PART IV - DOMESTIC (HOUSEHOLD) EMPLOYMENT  Date on which you first employed a worker in domestic employment in Have you or do you expect to have a quarterly domestic (household) parties of you what month and year did (or Will) this first occur?  Month of the control of the co	ayroll of at least \$1,000.00?	☐ YES ☐ NO Year					
PAF 19. 20.	PART V - AGRICULTURAL EMPLOYMENT (INCLUDE CORPORAL Date on which you first employed a worker in agricultural employment Have you or do you expect to have a quarterly agricultural payroll of at expect to employ at least 10 agricultural workers in 20 different weeks If yes, in what month and year did (or will) this first occur? Mon	in Kentucky (month, day, year) least \$20,000.00; or, have you during a calendar year?	): or do you ] YES					
PAR 21.	RT VI - ACQUISITION OF EXISTING BUSINESS - To be completed ENTER DATE OF TRANSFER AND STATUS OF OWNERSHIP PRI		quiring parties.					
	TE OF TRANSFER EMPLOY	YER NO.	FEDERAL NO.					
Nam	es of Owner/s or Officer/s Phone ( )	TYPE OF OWNERSHIP Proprietorship	REASON FOR CHANGE Sold Leased					
		Partnership						
	· · · · · · · · · · · · · · · · · · ·	Corporation Other (Explain)	Lease Reverted Other (Explain)					
Trad	e or Business Name & Address		TYPE OF CHANGE					
	- Same Control Control		Transferred in Entirety (ALL KY OPERATIONS)					
			(Complete #22 - Both Parties Must Sign)					
			Transferred in Part					
22.	ENTER DATA FOR NEW OWNERSHIP E	MPLOYER NO.	FEDERAL NO.					
Nam	e, Address & S.S. # of Owner/s or Officer/s	TYPE OF OWNERSHIP	TRADE OR BUSINESS NAME, ADDRESS & ZIP CODE					
		Proprietorship Partnership Corporation Other (Explain)						
Loca	tion of Business (Street, City, Zip Code) Phone (	) F	Principal Activity Principal Product					
23.	ENTER DATA FOR RETAINED PORTION E	MPLOYER NO.	FEDERAL NO.					
Nam	e, Address & S.S. # of Owner/s or Officer/s	TYPE OF OWNERSHIP Proprietorship	TRADE OR BUSINESS NAME, ADDRESS & ZIP CODE					
		Partnership						
		Corporation  Other (Explain)						
Loca	tion of Business (Street, City, Zip Code) Phone (	) P	Principal Activity Principal Product					
24.		ion of prior owner/operator's reserve account to be transferred:%						
25.	ercentage of reserve transferred must be based on payroll or number of employees transferred. Please indicate which basis has been used.							
26.	Predecessor's date of first employment for transferred portion.							
	uture & Title of Transferor or osing Employer Shown in Part 1	Signature & Title of Transfer						