



**KENTUCKY DEPARTMENT OF REVENUE
OFFICE OF PROPERTY VALUATION
APPLICATION FOR
CERTIFICATE OF REGISTRATION TO
PURCHASE CERTIFICATES OF DELINQUENCY**

REG #
DATE STAMP
ELIGIBILITY DATE

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 denial of your application. Your responses to the questions on this application are continuing in nature. You must promptly notify the Commissioner of any circumstances that would cause your answers to change. Please note that "You" refers to any person included as part of this application, including 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:	Name and Street address of applicant's principal place of business:	
Tax ID or Social Security Number of applicant:	Telephone #:	Fax #:
Principal Contact for registration and compliance matters:	Telephone #:	Email address:
Principal Contact for consumer complaints:	Telephone #:	Email address:
Operation/General Manager:	Telephone #:	Email address:
Address where records pertaining to Kentucky transactions will be maintained:	Have you ever been issued a registration by this office? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the date(s) held: _____	

A3 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**

A4 Have there been any civil or administrative actions initiated against you by any state, other governmental unit or any individual within the past 36 months? If yes, please provide details with appropriate documentation: _____ **Yes** **No**

A5 Are you current and in good standing on all taxes owed the State? If no, please provide a detailed explanation: _____ **Yes** **No**

A6 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**

A7 Are you 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**

PLEASE ATTACH THE FOLLOWING

A8 If you use a trade name, attach a copy of your "doing business as" certificate of assumed name from the County Clerk.

SECTION B: All Applicants must complete the appropriate section.**To be completed or provided by those operating as a corporation or limited liability company.**

<input type="checkbox"/> B1	Legal name of corporation or LLC:	Full address of principal office:		
		City	State	ZIP Code
Name and address of your Kentucky Processing Agent:				
Applicant is organized under the laws of the state of:				

PLEASE ATTACH THE FOLLOWING

- B2** Attach a list of names, business and residence street addresses, and telephone numbers of all principal officers and directors:
- B3** Attach a list of names and residence street addresses of each owner who controls twenty-five (25) percent or more of the corporation or LLC:
- B4** 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 the corporation or LLC:
- B5** Attach a copy of your "Certificate of Existence" issued by Kentucky's Secretary of State or an equivalent document from the state in which you are chartered or organized. If this is an out-of-state entity, please provide a Certificate of Authority issued by the Secretary of State's Office that allows you to do business in Kentucky.

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

<input type="checkbox"/> B6	Legal name of partnership, LLP or association:	Full address of principal office of partnership or association:		
		City	State	ZIP Code
Name and address of your Kentucky Processing Agent:				
Applicant is organized under the laws of the state of:				

PLEASE ATTACH THE FOLLOWING

- B7** Attach a list of names, business, residence street addresses, and telephone numbers of all general partners or members of the association.

To be completed or provided by those operating as a trust. **B8**

Legal name of the Trust:	Full address of principal office of Trust:		
	City	State	ZIP Code
Name and address of your Kentucky Processing Agent:			
Applicant is organized under the laws of the state of:			

PLEASE ATTACH THE FOLLOWING **B9**

Attach a list of names, business, residence street addresses, and telephone numbers of all trustees, settlers, grantors and beneficiaries.

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.

 C1

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

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

SECTION C: All Applicants must complete.

C2 Attachments

(Please check all that apply)

- A8** "Doing Business as" documentation
- B2** List of principal officers and directors
- B3** List of owners controlling 25% or more
- B4** List of Individuals Receiving 25% or more of profits
- B5** Certificate of Existence
- B7** List of names and contact information for all general partners or members
- B9** List of trustees, settlers, grantors and beneficiaries

C3 Receipt of Certificate of Registration

Please email Certificate of Registration to: _____
Email address

Payment:

- Make check payable to **Kentucky State Treasurer** in the amount of \$250.00

Mail To:

ATTENTION: Luka Moore
P. O. Box 1727
Frankfort, Kentucky 40602

Contact Information:

Luka Moore
Luka.moore@ky.gov
502-564-7230

Tom Crawford
Tom.crawford@ky.gov
502-564-8338

Third Party Purchaser Website

<https://revenue.ky.gov/Property/Pages/Third-Party-Purchaser.aspx>