

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

APPLICATION FOR UNEMPLOYMENT INSURANCE

PART I - IDENTIFICATION AND TYPE OF EMPLOYMENT EMPLOYER RESERVE ACCOUNT

1. Name & Mailing Address:

UI-1 (R. 06/91)

(To be completed by all employers)

5. Check type of employment and complete remainder of form as indicated.
- Acquired all or part of an existing business - Parts II and VI
 - New Business Employer - Parts II and III
 - Domestic Employer - Parts II and IV
 - Agricultural Employer - Parts II and V
 - New 501(c)(3) Non-Profit Employer - Part I Only*
 - Governmental Entity - Part I Only*
 - Resumed Employment - Part II

Enter Date Employment Resumed: _____

* Form UI-1S will be sent to you upon return of this form.

2. Telephone # (_____) _____
 Fax # (_____) _____

3. Federal Employer ID _____

4. If you have previously been assigned an Unemployment Insurance Number, enter it here: _____

PART II - GENERAL INFORMATION

6. Describe MAJOR Business Activity IN KENTUCKY (BE SPECIFIC)

- | | |
|--|--|
| (a) <input type="checkbox"/> Retail Trade (Product) _____ | (h) <input type="checkbox"/> Wholesale Trade (Product) _____ |
| (b) <input type="checkbox"/> Service (Type) _____ | (i) <input type="checkbox"/> Manufacturing (Product) _____ |
| (c) <input type="checkbox"/> Construction (Type) _____ | (j) <input type="checkbox"/> Domestic _____ |
| (d) <input type="checkbox"/> Agricultural (Type) _____ | (k) <input type="checkbox"/> Mining (Product) _____ |
| (e) <input type="checkbox"/> Ag. Service (Type) _____ | (l) <input type="checkbox"/> Other (Explain) _____ |
| (f) <input type="checkbox"/> Finance/Insurance/Real Estate (Product) _____ | |
| (g) <input type="checkbox"/> Transportation/Communication/Utilities (Type) _____ | |

7. Is the establishment primarily engaged in performing services for other units of the company? YES NO

If "YES", indicate the nature of activity of this establishment:

- | | |
|---|---|
| (a) <input type="checkbox"/> Central Administrative Office | (c) <input type="checkbox"/> Storage (warehouse) |
| (b) <input type="checkbox"/> Research, development or testing | (d) <input type="checkbox"/> Other (specify: power plant, etc.) _____ |

8. Identification of Owner, Partners, (General or Limited), Corporate Officers, etc.

SOCIAL SECURITY NUMBER	FIRST NAME	M.I.	LAST NAME	TITLE	TELEPHONE NO.	RESIDENCE ADDRESS

9. Name, Mailing Address and Telephone Number of person with payroll records (if different from above):

10. Type of Organization: Sole Proprietorship Partnership Corporation* Other

* Corporations Only - List state in which incorporated and give name and address of process agent in Kentucky: _____

11. Provide the following information for each establishment or location in Kentucky:

Physical Location of Business in Kentucky (Street, City, Zip Code) _____ County _____ No. of Workers _____

Check here if you wish to file a separate wage and tax report for each location.

12. Prior to beginning employment in Kentucky, were you subject in the current or preceding year under the unemployment compensation law of any other state? YES NO If "YES", what State: _____

PART III - NEW BUSINESS EMPLOYMENT (Do not include agricultural or domestic employment!) (INCLUDE CORPORATE OFFICERS!)

13. Date on which you first employed a worker in Kentucky (month, day, year): _____

14. Date you first paid wages in Kentucky (month, day, year): _____

15. Have you or do you expect to have a quarterly payroll of at least \$1,500.00? YES NO

If "YES" in what month and year did (or will) this first occur? Month _____ Year _____

16. Have you or do you expect to employ at least one worker in 20 different calendar weeks during a calendar year? YES NO

If "YES" in what month and year did (or will) the 20th week occur? Month _____ Year _____

Signature: I hereby affirm that I am authorized to sign this report on behalf of the indicated employer, and further affirm that the information provided herein is complete and accurate to the best of my knowledge. I understand that I may be subject to the full penalty of the law for knowingly making a false statement (KRS 341.990).

SIGNATURE

TITLE

DATE

PART IV - DOMESTIC (HOUSEHOLD) EMPLOYMENT

17. Date on which you first employed a worker in domestic employment in Kentucky (month, day, year): _____
18. Have you or do you expect to have a quarterly domestic (household) payroll of at least \$1,000.00? YES NO
 If yes, in what month and year did (or Will) this first occur? Month _____ Year _____

PART V - AGRICULTURAL EMPLOYMENT (INCLUDE CORPORATE OFFICERS!)

19. Date on which you first employed a worker in agricultural employment in Kentucky (month, day, year): _____
20. Have you or do you expect to have a quarterly agricultural payroll of at least \$20,000.00; or, have you or do you expect to employ at least 10 agricultural workers in 20 different weeks during a calendar year? YES NO
 If yes, in what month and year did (or will) this first occur? Month _____ Year _____

PART VI - ACQUISITION OF EXISTING BUSINESS - To be completed by both the transferring and acquiring parties.

21. ENTER DATE OF TRANSFER AND STATUS OF OWNERSHIP PRIOR TO TRANSFER

DATE OF TRANSFER	EMPLOYER NO.	FEDERAL NO.
Names of Owner/s or Officer/s Phone ()	TYPE OF OWNERSHIP	REASON FOR CHANGE
	Proprietorship <input type="checkbox"/>	Sold..... <input type="checkbox"/> Leased..... <input type="checkbox"/>
	Partnership <input type="checkbox"/>	Lease Reverted..... <input type="checkbox"/> Other (Explain)..... <input type="checkbox"/>
	Corporation <input type="checkbox"/>	
	Other (Explain) <input type="checkbox"/>	
Trade or Business Name & Address		TYPE OF CHANGE
		Transferred in Entirety (ALL KY OPERATIONS)... <input type="checkbox"/> (Complete #22 - Both Parties Must Sign)
		Transferred in Part..... <input type="checkbox"/> (Complete #22, 23, 24, 25 & 26 - Both Parties Must Sign)

22. ENTER DATA FOR NEW OWNERSHIP

NAME, ADDRESS & S.S. # OF OWNER/S OR OFFICER/S	EMPLOYER NO.	FEDERAL NO.
	TYPE OF OWNERSHIP	TRADE OR BUSINESS NAME, ADDRESS & ZIP CODE
	Proprietorship <input type="checkbox"/>	
	Partnership <input type="checkbox"/>	
	Corporation <input type="checkbox"/>	
	Other (Explain) <input type="checkbox"/>	
Location of Business (Street, City, Zip Code)	Phone ()	Principal Activity
		Principal Product

23. ENTER DATA FOR RETAINED PORTION

NAME, ADDRESS & S.S. # OF OWNER/S OR OFFICER/S	EMPLOYER NO.	FEDERAL NO.
	TYPE OF OWNERSHIP	TRADE OR BUSINESS NAME, ADDRESS & ZIP CODE
	Proprietorship <input type="checkbox"/>	
	Partnership <input type="checkbox"/>	
	Corporation <input type="checkbox"/>	
	Other (Explain) <input type="checkbox"/>	
Location of Business (Street, City, Zip Code)	Phone ()	Principal Activity
		Principal Product

24. Portion of prior owner/operator's reserve account to be transferred: _____ %
25. Percentage 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. _____

Signature & Title of Transferor or
Disposing Employer Shown in **Part 1**
(Owner or Officer)

Signature & Title of Transferee or
Acquiring Employer Shown in **Part 2**
(Owner or Officer)

Date