

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. Business Name & Mailing Address:

UI-1 (R. 06/91) (V-3)

Legal Entity Name _____

Business Name _____

(To be completed by all employers)

Address _____

Address _____

Address _____

City _____ State _____ Zip Code _____

2. Telephone # (_____) _____

Fax # (_____) _____

E-Mail _____

3. Federal Employer ID _____

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

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.

PART II - GENERAL INFORMATION

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

- | | |
|---|--|
| <p>(a) <input type="checkbox"/> Retail Trade (Product) _____</p> <p>(b) <input type="checkbox"/> Service (Type) _____</p> <p>(c) <input type="checkbox"/> Construction (Type) _____
 <input type="checkbox"/> Residential <input type="checkbox"/> Non-residential</p> <p>(d) <input type="checkbox"/> Information/Publishing/Broadcasting/Internet _____</p> <p>(e) <input type="checkbox"/> Finance/Insurance/Real Estate (Product) _____</p> <p>(f) <input type="checkbox"/> Transportation/Communication/Utilities (Type) _____</p> | <p>(g) <input type="checkbox"/> Agricultural (Type) _____</p> <p>(h) <input type="checkbox"/> Wholesale Trade (Product) _____</p> <p>(i) <input type="checkbox"/> Manufacturing (Product) _____</p> <p>(j) <input type="checkbox"/> Mining (Product) _____</p> <p>(k) <input type="checkbox"/> Other (Explain) _____</p> |
|---|--|

7. Is this establishment primarily engaged in performing services for other units or locations for this 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) _____ |

8. Identification of Owner, Partners (General or Limited), Corporate Officers, Members, etc. (Attach additional sheet if necessary)

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 LLP LLC Other _____

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

(If no physical location, please provide home address of employee or work site in Kentucky.)

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 Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Explain) <input type="checkbox"/>	REASON FOR CHANGE Sold..... <input type="checkbox"/> Leased..... <input type="checkbox"/> Lease Reverted..... <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

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

23. ENTER DATA FOR RETAINED PORTION

EMPLOYER NO.	FEDERAL NO.
Name, Address & S.S. # of Owner/s or Officer/s	TRADE OR BUSINESS NAME, ADDRESS & ZIP CODE
TYPE OF OWNERSHIP Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Explain) <input type="checkbox"/>	
Location of Business in Kentucky (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
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