



**Kentucky Office of the Secretary of State**  
**TREY GRAYSON**

**Division of Corporations**  
**Business Filings**  
PO Box 718  
Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.gov

**Articles of Incorporation**  
**Profit Corporation**

PAI

Pursuant to KRS Chapter 271B, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the corporation is Mammy's Kitchen, LLC

Article II: The number of shares the corporation is authorized to issue is 1000

Article III: The street address of the corporation's initial registered office in Kentucky is

<u>114 North 3rd Street</u>	<u>Bardstown</u>	<u>KY</u>	<u>40004</u>
Street Address (No Post Office Box Numbers)	City	State	Zip Code

and the name of the initial registered agent at that office is Christy Clark

Article IV: The mailing address of the corporation's principal office is

<u>114 North 3rd Street</u>	<u>Bardstown</u>	<u>KY</u>	<u>40004</u>
Street Address or Post Office Box Number	City	State	Zip Code

Article V: The name and mailing address of the incorporator is as follows:

B & B Professional Services, LLC

Name	Street Address or Post Office Box Number	City	State	Zip Code
	<u>1000 E John Rowan Blvd, Suite 105</u>	<u>Bardstown</u>	<u>KY</u>	<u>40004</u>

Name	Street Address or Post Office Box Number	City	State	Zip Code
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Name	Street Address or Post Office Box Number	City	State	Zip Code
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I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

<u>Christy Clark</u>	<u>Christy Clark, Member</u>	<u>03/05/10</u>
Signature of Incorporator	Printed Name & Title	Date

I, Christy Clark, consent to serve as the registered agent on behalf of the corporation.

<u>Christy Clark</u>	<u>Christy Clark, Member</u>	<u>03/05/10</u>
Signature of Registered Agent	Printed Name & Title	Date

Commonwealth of Kentucky  
**DEPARTMENT OF REVENUE**  
 P.O. Box 299, Station 20  
 Frankfort, KY 40602-0299

# KENTUCKY TAX REGISTRATION APPLICATION

**\*Important-Please see instructions for details on completion.**

Print Form

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NAICS	

**Need Help?**

Call (502) 564-3306 or  
 visit [www.revenue.ky.gov](http://www.revenue.ky.gov)

## SECTION A

### REASON FOR FILING THIS APPLICATION (Must be completed)

- 1 Effective Date:** 01/01/2016
- ☐ Opened new business
- ☐ Resumption of business
- ☐ Registering to collect Kentucky use tax
- ☐ Opened new location of current business (See instructions)
- ☐ Applying for additional tax accounts
- Change in Ownership:*
- ☒ Ownership Type-Previous type Sole Proprietor
- ☐ Purchase of existing business
- ☐ Other (specify) \_\_\_\_\_
- ☐ Updating Information (See instructions-You do not need to complete the entire application.)

- 2 Previous Owner's Account Numbers:**
- Kentucky Withholding 0 ☐ ☐ ☐ ☐ ☐ ☐
- Kentucky Corporation Income ☐ ☐ ☐ ☐ ☐ ☐
- Kentucky Sales and Use ☐ ☐ ☐ ☐ ☐ ☐
- FEIN ☐ ☐ - ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
- ☐ Not applicable
- 3 Your Current Account Numbers:**
- Kentucky Withholding 294265
- Kentucky Corporation Income ☐ ☐ ☐ ☐ ☐ ☐
- Kentucky Sales and Use 269288
- FEIN 272141310
- ☐ Not applicable

## SECTION B

### IDENTIFY YOUR BUSINESS OR ORGANIZATION (Must be completed)

- 4 Legal Business Name** Mammy's Kitchen, LLC
- 5 DBA** \_\_\_\_\_
- 6 Federal Employer Identification Number (FEIN)** 272141310
- 7 Business Location** Barclstown, KY 40004
- Street Address** 114 North Third Street
- City** Barclstown
- State** KY
- Zip Code** 40004
- 8 County** Nelson
- 9 Location Telephone** (502) 350-1097
- 10 A** Give a description of the nature of your primary Kentucky business activity. Include a description of any services provided.  
Family Diner
- B** Give a description of the nature of your primary business activity outside Kentucky. Include a description of any services provided.  
N/A
- 11 NAICS Code: (optional)** 722110
- 12** If you make sales, list products sold: Prepared meals
- 13 Accounting Period:** ☒ Calendar Year 12/31 ☐ Fiscal Year: \_\_\_\_\_
- 14 Ownership Type:**
- ☐ Sole Proprietor ☐ Nonprofit
- ☐ Corporation ☐ Real Estate Investment Trust
- ☐ S Corporation ☐ Other: (See instructions) \_\_\_\_\_
- ☐ Government
- ☐ Association
- ☐ Joint Venture
- ☐ Trust
- Partnership:*
- ☐ General Partnership
- ☐ Limited Partnership
- ☐ Limited Liability Partnership (LLP or LLLP)
- Limited Liability Company (LLC)*
- For Federal Purposes Taxed As:**
- ☐ Single Member-Individual
- ☐ Partnership
- ☐ Corporation
- ☒ S Corporation
- ☐ Single Member-Disregarded Entity,
- Member taxed as:** \_\_\_\_\_



The Kentucky Department of Revenue does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.



**OWNERSHIP DISCLOSURE-RESPONSIBLE PARTIES (Must be completed)**

	Name (Last, First, MI)	Title	Residential Address, City, State, ZIP Code	Soc. Sec. No. (Required)
15	Clark, Christy J.	Manager	6325 New Haven Road	400-04-3516
16			New Haven, KY 40051	
17				
18				

**CONTACT PERSON (Must be completed)**

19	Name	Brian D. Case	20	Title	Accountant
21	E-mail Address	bcase@bbbms.com	22	Daytime Telephone	(502) 331-9261
	(OPTIONAL: By supplying your e-mail address, you grant the Department of Revenue permission to contact you via the Internet.)		23	Fax	(502) 331-9264

**SECTION C****TELL US ABOUT YOUR BUSINESS OR ORGANIZATION (Must be completed)**

- 24 Does your business or organization:
- A** Have employees or will you hire employees to work in Kentucky within the next 6 months? ☒ Yes ☐ No
- B** Employ Kentucky residents who work outside the state of Kentucky on which you wish to voluntarily withhold? ☐ Yes ☒ No
- (An employee is anyone who works 24 days or more during a quarter **OR** earns more than \$50 a quarter. This includes family members who receive wages.)
- 25 If your business is a corporation or a limited liability company choosing taxation as a corporation for federal purposes, do or will the officers receive compensation other than dividends? ☐ Yes ☒ No
- If you answered "Yes" to EITHER question 24 or 25, or are adding an additional account, you must complete Section D.

- 26 Does or will your business or organization:
- A** Make retail sales? ☒ Yes ☐ No
- B** Make wholesale sales? ☐ Yes ☒ No
- 27 Does or will your business or organization:
- A** Install repair or replacement parts in tangible personal property? (See instructions) ☐ Yes ☒ No
- B** Produce, fabricate, process, print or imprint tangible personal property? (See instructions) ☐ Yes ☒ No
- 28 Does or will your business or organization rent or lease tangible personal property to others, including related companies? (See instructions) ☐ Yes ☒ No
- 29 Does or will your business or organization charge taxable admissions? (See instructions) ☐ Yes ☒ No
- 30 Does or will your business or organization rent temporary lodging to others? ☐ Yes ☒ No
- 31 Do or will you sell for or are you a manufacturer's agent who solicits orders for a nonresident seller not registered in Kentucky? (See instructions) ☐ Yes ☒ No
- 32 Does or will your business sell: (Check all that apply)
- A** Coal ☐ Yes ☒ No
- B** Other minerals ☐ Yes ☒ No
- C** Water ☐ Yes ☒ No
- D** Natural, artificial or mixed gas ☐ Yes ☒ No
- E** Electricity ☐ Yes ☒ No
- F** Communication services ☐ Yes ☒ No
- G** Sewer services ☐ Yes ☒ No
- H** Cable services ☐ Yes ☒ No
- I** Satellite broadcast services ☐ Yes ☒ No

If you answered "Yes" to ANY of questions 26 through 32 (except 32H or 32I), or are adding an additional account, you must complete Section E AND you may SKIP questions 33-35.

- 33 Is your business or organization a construction company (contractor) that brings equipment into Kentucky for use? ☐ Yes ☒ No
- 34 Is your business or organization a construction company (contractor) that brings into this state construction materials or supplies on which no Kentucky sales tax or equivalent has been paid? ☐ Yes ☒ No
- 35 Does or will your business or organization make purchases from out-of-state vendors and not pay Kentucky sales or use tax to the seller on those purchases? ☐ Yes ☒ No

\* If you are a professional service business, please see instructions for important additional details.

If you answered "Yes" to ANY of questions 33 through 35, you must complete Section F.



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- 36 Is your business or organization a corporation, S corporation, limited partnership, limited liability partnership (LLP), limited liability company (LLC), professional limited liability company (PLLC), real estate investment trust (REIT), regulated investment company (RIC), real estate mortgage investment conduit (REMIC), financial asset securitization investment trust (FASIT) or similar entity created with limited liability for the partners, members or shareholders? Yes ☒ No ☐

**The 2005 Kentucky General Assembly enacted legislation that defines corporations to include the companies listed above. The legislation requires these entities to file a Kentucky corporation income tax return for periods beginning on or after January 1, 2005, regardless of how they file with the Internal Revenue Service. These entities must apply for a Kentucky Corporation Income Tax Account.**

**If you answered "Yes" to question 36, you MUST answer questions 37 through 45 AS IF YOUR BUSINESS OR ORGANIZATION IS A CORPORATION. Sole proprietorships and general partnerships may SKIP questions 37 through 45.**

- |   | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>         |
|---|---|-------------------------------------|
| 37 Is your corporation organized under the laws of Kentucky?  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |
| 38 Does or will your corporation have its commercial domicile in Kentucky? (See instructions)   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |
| 39 Does or will your corporation own or lease any real or tangible personal property located in Kentucky?   | <input type="checkbox"/>                | <input checked="" type="checkbox"/> |
| 40 Does or will your corporation have one or more individuals performing services in Kentucky?  | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |
| 41 Does or will your corporation maintain an interest in a general partnership doing business in Kentucky?  | <input type="checkbox"/>                | <input checked="" type="checkbox"/> |
| 42 Does or will your corporation derive income from or attributable to sources within Kentucky, including deriving income directly or indirectly from a trust doing business in Kentucky? | <input type="checkbox"/>                | <input checked="" type="checkbox"/> |
| 43 Does or will your corporation direct activities at Kentucky customers for the purpose of selling them goods or services?   | <input checked="" type="checkbox"/>     | <input type="checkbox"/>            |
| 44 Does your corporation own or lease any intangible property in Kentucky such as royalties, franchise agreements, patents, trademarks, etc.? (See instructions)                          | <input type="checkbox"/>                | <input checked="" type="checkbox"/> |
| 45 Is your business or organization a homeowner's association?  | <input type="checkbox"/>                | <input checked="" type="checkbox"/> |

**If you answered "Yes" to ANY of questions 37 through 45, you must complete Section G.**

- 46 Did you purchase an existing business? (See instructions) ☐ ☐

#### SECTION D EMPLOYER'S WITHHOLDING ACCOUNT

(Must be completed if you answered "Yes" to question 24 OR 25, or you are registering for an additional account.)

- 47 Number of employees in Kentucky (Already have withholding Account)
- 48 Date wages first paid 294265
- 49 Estimated quarterly withholding in Kentucky
- 50 Send mail related to this account to
- ☐ Same address as in Page 1, Section B, Item 7
- ☒ Mailing address ATTN B+B Payroll
- Street 1000 E. John Rowan Blvd #105
- City Bardstown
- State KY Zip Code 40004
- 51 County Nelson
- 52 Mail address telephone (502) 331-9261

#### SECTION E SALES AND USE TAX ACCOUNT

(Must be completed if you answered "Yes" to ANY of questions 26 through 32G, or you are registering for an additional account.)

- 53 Date sales began or will begin 04/01/10
- 54 Accounting method ☐ Cash ☒ Accrual
- 55 Do you rent temporary lodging to others? ☐ Yes ☒ No
- 56 Do you sell new tires for motor vehicles? ☐ Yes ☒ No
- 57 Estimated gross monthly sales Sales & Use Acct # 312632
- 58 Send mail related to this account to
- ☐ Same address as in Page 1, Section B, Item 7
- ☒ Same Address as in Section D, above
- ☐ Mailing address ATTN
- Street 1000 E. John Rowan Blvd #105
- City Bardstown
- State KY Zip Code 40004
- 59 County Nelson
- 60 Mail address telephone (502) 331-9261



**SECTION F****CONSUMER'S USE TAX ACCOUNT**

(Must be completed if you answered "Yes" to ANY of questions 33 through 35.)

**61 Date purchases began or will begin**

(If you make a one-time purchase only, see instructions.)

**62 Send mail related to this account to**☐ Same address as in Page 1, Section B, Item 7☐ Same Address as in Page 3, Section D☐ Mailing address ATTN \_\_\_\_\_

Street \_\_\_\_\_

**63 County** \_\_\_\_\_

City \_\_\_\_\_

**64 Mail address telephone** \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

**SECTION G****CORPORATION INCOME TAX ACCOUNT**

(Must be completed if you answered "Yes" to ANY of questions 37 through 45.)

**65 Date of incorporation or organization****66 State of incorporation or organization****67 Date of qualification in Kentucky****68 Is this corporation a member of an affiliated corporate group?**☐ **Yes** The Common Parent Name is \_\_\_\_\_

DBA \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

FEIN ☐☐ - ☐☐☐☐☐☐☐☐☐☐☐

Start Date \_\_\_\_\_

☒ **No****69 Send mail related to this account to:**☐ Same address as in Page 1, Section B, Item 7☒ Same Address as in Page 3, Section D☐ Mailing address ATTN \_\_\_\_\_

Street \_\_\_\_\_

**70 County** \_\_\_\_\_

City \_\_\_\_\_

**71 Mail address telephone** \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

**IMPORTANT: APPLICATION MUST BE SIGNED BELOW.**

The statements contained in this application and any accompanying schedules are hereby certified to be correct to the best knowledge and belief of the undersigned who is duly authorized to sign this application.

Signed \_\_\_\_\_

Signed \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

For assistance in completing the application, please call the Taxpayer Registration Section at (502) 564-3306, Monday through Friday between the hours of 8 a.m. and 4:30 p.m., Eastern time, OR you may call or visit one of the following Kentucky Taxpayer Service Centers or the Telecommunication Device for the Deaf.

Each office is open Monday through Friday, 8 a.m. to 4:30 p.m., local time.

**Ashland** (606) 920-2037  
**Bowling Green** (270) 746-7470  
**Central Kentucky** (502) 564-4580  
**Corbin** (606) 528-3322  
**Hopkinsville** (270) 889-6521  
**Louisville** (502) 595-4512

**Northern Kentucky** (859) 371-9049  
**Owensboro** (270) 687-7301  
**Paducah** (270) 575-7148  
**Pikeville** (606) 433-7675  
**Telecommunication Device for the Deaf** (502) 564-.3058

Mail completed application  
 consisting of ALL 4 pages to:

OR fax completed application  
 consisting of ALL 4 pages to:

Kentucky Department of Revenue  
 P.O. Box 299, Station 20  
 Frankfort, Kentucky 40602-0299

ATTN: Taxpayer Registration Section at (502) 227-0772