

APPLICATION FOR BUSINESS TAX LICENSE

ALL QUESTIONS MUST BE ANSWERED COMPLETELY, INCOMPLETE AND UNSIGNED APPLICATIONS WILL DELAY PROCESSING. FOR ASSISTANCE, PLEASE CONTACT YOUR LOCAL COUNTY CLERK OR DESIGNATED CITY OFFICIAL.

1. INDICATE THE CLASSIFICATION IN WHICH YOU ARE REGISTERING. CLASSIFICATION IS DETERMINED BY THE DOMINANT BUSINESS ACTIVITY. INDICATE ONLY ONE CLASSIFICATION.

Classification 1A Classification 1C Classification 2 Classification 4
 Classification 1B Classification 1D Classification 3 Classification 5

2. REASON FOR APPLYING:

1. New business 2. Additional location 3. Purchase of existing business

3. DATE BUSINESS BEGAN IN TENNESSEE AT THIS LOCATION: / /

4. BUSINESS NAME AND EXACT LOCATION

5. BUSINESS MAILING ADDRESS

BUSINESS NAME

NAME (ENTER LEGAL NAME, IF DIFFERENT)

STREET OR HIGHWAY (DO NOT USE P.O. BOX NUMBER OR RURAL ROUTE NUMBER)

P.O. BOX, STREET, ROUTE, OR HIGHWAY

APARTMENT OR SUITE NUMBER (DO NOT USE P.O. BOX NUMBER OR RURAL ROUTE NUMBER)

APARTMENT OR SUITE NUMBER

CITY STATE ZIP CODE
-0000

CITY STATE ZIP CODE
-0000

6. COUNTY IN WHICH BUSINESS IS LOCATED

7. BUSINESS TELEPHONE NUMBER

8. CONTACT PERSON'S NAME

Add County Field _____
 IS BUSINESS LOCATED INSIDE A TENNESSEE CITY?
 NO YES CityName
 (If yes, Name of City)

() _____
 BUSINESS FAX NUMBER
 () _____

 CONTACT E-MAIL ADDRESS

9. ENTER FEDERAL EMPLOYER'S IDENTIFICATION #

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APPLIED FOR
 NOT REQUIRED

10. CURRENT SALES TAX NUMBER FOR THIS BUSINESS LOCATION

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APPLIED FOR
 NOT REQUIRED

11. TYPE OF OWNERSHIP (SELECT ONE):

PROPRIETORSHIP HUSBAND/WIFE OWNERSHIP OTHER
 PARTNERSHIP CORPORATION LIMITED LIABILITY COMPANY

12. TENNESSEE SECRETARY OF STATE IDENTIFICATION #, IF APPLICABLE

13. DESCRIBE THE BUSINESS ACTIVITY AT THIS LOCATION, STATING THE MAJOR PRODUCTS AND/OR SERVICES SOLD:

14. IDENTIFY OFFICERS, PARTNERS, OR INDIVIDUAL OR COMPANY OWNERS

(1) NAME HOME TELEPHONE # SOCIAL SECURITY # FEDERAL EIN

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HOME ADDRESS(DO NOT USE P.O.BOX #) CITY STATE ZIP CODE
-0000

Member Officer Partner Owner - Individual Owner - Company

(2) NAME HOME TELEPHONE # SOCIAL SECURITY # FEDERAL EIN

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HOME ADDRESS(DO NOT USE P.O.BOX #) CITY STATE ZIP CODE

Member Officer Partner Owner - Individual Owner - Company

15. THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (THIS APPLICATION MUST BE SIGNED BY THE INDIVIDUAL OWNER, A PARTNER, OR AN OFFICER OF THE CORPORATION. THE SIGNATORY MUST ALSO BE LISTED IN ITEM 14.)

SIGN HERE:

 SIGNATURE of OWNER, PARTNER, or OFFICER (DO NOT PRINT OR USE STAMP)

 TITLE

 DATE