

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

BUSINESS NAME _____

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

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

CITY _____ STATE _____ ZIP CODE _____
-0000

5. BUSINESS MAILING ADDRESS

NAME (ENTER LEGAL NAME, IF DIFFERENT) _____

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

APARTMENT OR SUITE NUMBER _____

CITY _____ STATE _____ ZIP CODE _____
-0000

6. COUNTY IN WHICH BUSINESS IS LOCATED

Add County Field _____

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

7. BUSINESS TELEPHONE NUMBER

() _____

BUSINESS FAX NUMBER
() _____

8. CONTACT PERSON'S NAME

CONTACT E-MAIL ADDRESS _____

9. ENTER FEDERAL EMPLOYER'S IDENTIFICATION #

APPLIED FOR NOT REQUIRED
 APPLIED FOR NOT REQUIRED

10. CURRENT SALES TAX NUMBER FOR THIS BUSINESS LOCATION

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

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

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

Member Officer Partner Owner - Individual Owner - Company

15.

SIGN HERE: _____

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