



APPLICATION FOR BUSINESS TAX LICENSE

Knox County Clerk

P.O. Box 1566 Knoxville, TN 37901

(865) 215-2392 www.knoxcounty.org/clerk

FOR OFFICE USE ONLY	
Local Account Number	
Business License Number	

1. REASON FOR APPLYING	<input type="checkbox"/> NEW Business <input type="checkbox"/> ADDITIONAL Location <input type="checkbox"/> PURCHASE of Existing Business
2. DATE BUSINESS BEGAN AT THIS LOCATION	(MM/DD/YYYY Format)
3. TYPE OF OWNERSHIP	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Husband/Wife Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other: _____

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

WILL THIS BUSINESS CHARGE FOR ADMISSIONS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WILL THIS BUSINESS SELL ALCOHOLIC BEVERAGES?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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CHECK ALL THAT APPLY FOR BEVERAGE SALES	<input type="checkbox"/> Retail Beer <input type="checkbox"/> Wholesale Beer <input type="checkbox"/> Liquor by the Drink <input type="checkbox"/> Wholesale Liquor <input type="checkbox"/> Wine <input type="checkbox"/> Caterer's License
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FOR OFFICE USE ONLY	CLASSIFICATION: <input type="checkbox"/> 1A <input type="checkbox"/> 1B <input type="checkbox"/> 1C <input type="checkbox"/> 1D <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
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5. CONTACT PERSON'S INFORMATION	Name _____ Email _____
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6. STATE BUSINESS TAX ACCOUNT NUMBER	
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TENNESSEE SECRETARY OF STATE ID NUMBER	
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SALES TAX NUMBER FOR THIS LOCATION	<input type="checkbox"/> APPLIED FOR <input type="checkbox"/> NOT REQUIRED
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FEDERAL EMPLOYER IDENTIFICATION NUMBER	<input type="checkbox"/> APPLIED FOR <input type="checkbox"/> NOT REQUIRED
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7. BUSINESS MAILING ADDRESS		BUSINESS NAME AND EXACT LOCATION	
Name (Legal Name, If Different)		Business Name	
P.O. Box, Street, Route, Hwy		Street or Hwy (Do Not Use P.O. Box)	
Apartment or Suite Number		Apartment or Suite Number	
City	State	Zip Code	City
			State
			Zip Code
Business Phone Number, Including Area Code		Business Fax Number, Including Area Code	

COUNTY IN WHICH BUSINESS IS LOCATED		IS BUSINESS LOCATED IN CITY LIMIT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Name of City
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8. IDENTIFY OFFICERS, PARTNERS, OR INDIVIDUAL OR COMPANY OWNERS. ATTACH ADDITIONAL SHEET(S) IF NECESSARY

Name (First, Middle Initial, Last)	Home Telephone	<input type="checkbox"/> Social Security Number <input type="checkbox"/> FEIN
Street Address (Do Not Use P.O. Box)	City	State Zip Code
<input type="checkbox"/> Member <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Owner – Individual <input type="checkbox"/> Owner - Company		

Name (First, Middle Initial, Last)	Home Telephone	<input type="checkbox"/> Social Security Number <input type="checkbox"/> FEIN
Street Address (Do Not Use P.O. Box)	City	State Zip Code
<input type="checkbox"/> Member <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Owner – Individual <input type="checkbox"/> Owner - Company		

THE STATEMENTS MADE IN 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 be listed in Number 8.

Signature of Owner, Partner, or Officer (Do Not Print or Use Stamp)	Title	Date
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TOTAL APPLICATION FEE: Payable to "Knox County Clerk" **\$15.00**
MAIL TO: Knox County Clerk Business License Division, P.O. Box 1566, Knoxville, TN 37901
All items must be answered completely. For assistance please call (865) 215-2392 Monday – Friday 8:00am to 4:30pm EST

APPLICATION FOR KNOX COUNTY BUSINESS TAX LICENSE INSTRUCTIONS



1. Select the reason for which the application is being filed: new business, additional location, or the purchase of an existing business.
2. Enter the date on which the applicant began or will begin conducting business activities at the location for which registration is being made.
3. Select the legal structure type of the business being registered.
4. Enter a description of the business activities being performed by the business at the location being registered. Indicate the main products or services sold at this business location. Please be as detailed as possible.
5. Enter the name of a contact person for the business being registered. Enter the contact person's email address.
6. If the business being registered has been issued a State Business Tax Account Number from the Tennessee Department of Revenue, enter this number. Enter the Tennessee Secretary of State Identification number of the business being registered, if applicable. If the business being registered currently has a sales and use tax account with the Tennessee Department of Revenue, enter this number. If the business has applied for but not received a sales and use tax account number, so indicate. If no number is required, so indicate. Enter the Federal Employer's Identification Number (FEIN) of the business being registered. If the business has applied for but not received the FEIN, so indicate. If no FEIN is required, so indicate.
7. Enter the mailing address of the business being registered. Enter the legal name (if different from location name) street address or post office box number, apartment or suite number if applicable, city, state, and zip code. Enter the name and exact location address of the business being registered. Include the business name, street address, apartment or suite number, city state, and zip code. Enter the name of the county in which the business is located. Indicate whether the business is located within the limits of a city in the county. If located in a city, enter the name of the city. NOTE: A business located within the limits of a city may have a business tax obligation for both the county and the city. If so, the business must obtain a business license from both the county and the city. Enter the business telephone number and business fax number, if applicable.
8. Enter the names, home addresses, and home telephone numbers of two owners, officers, or partners in the business being registered. If the owner is an individual, enter the owner's social security number and check the appropriate box. If the owner is a business entity, enter the owner's FEIN and check the appropriate box. Finally, check the box to indicate whether the person is an individual or business entity owner, partner, officer, or member. This information is critical. It will allow us to identify persons with whom we may discuss the business tax account when needed.
9. The application must be signed by an individual owner, partner, or officer of the business being registered. The person who signs the application must be listed in Item 8 on the application form. Indicate the title of the person signing the application (i.e., owner, partner, officer) and the date on which the application is signed.

Questions? Please call (865) 215-2392 Monday – Friday 8:00am to 4:30pm EST