



Foster D. Arnett, Jr. Knox County Clerk

Post Office Box 1566 Knoxville, TN 37901 (865) 215-2392

FOR OFFICE USE

Class _____ SIC _____

Account # _____

License # _____

Date Received: _____

Application for Business Tax License

Businesses generating gross receipts of less than \$3,000 per year are exempt from the Business Tax. (TCA 67-4-712)

Businesses located inside the city limits of Knoxville must obtain both city and county business licenses.

Reason For Filing: New Business Change of Ownership Business Structure Change

Business Name _____ **Corporate Name** _____

Location Address _____
Street (no p.o. boxes) City State Zip

Mailing Address _____
City State Zip

Phone _____ **Fax** _____ **E-mail** _____

Opening Date _____ **Primary Sales Item or Service** _____

Retail Wholesale Both Retail and Wholesale Service

Type of Business: Proprietorship Partnership Corporation LLC Other: _____

Owner _____ **SSN/EIN:** _____
First MI Last

Title: **Proprietor** **Partner** **President** **Other:** _____

Owner _____ **SSN/EIN:** _____
First MI Last

Title: **Proprietor** **Partner** **President** **Other:** _____

Minimum Business Tax (TCA 67-4-709)..... **\$ 15.00**

Penalty (5% for each 30-day period or portion thereof. Maximum penalty 25%)..... \$ _____

Interest (9% for each 30 day period or portion thereof.)..... \$ _____

Registration/Recording Fee..... **\$ 7.00**

Total Fees Payable to Knox County Clerk..... \$ _____

**This application, along with proper remittance must be filed within 20 days of business start date or penalties and interest will apply. Please contact our office for calculation of late fees if applicable.*

THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Owner, Partner, or Corporate Officer

Title

Date