



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 ENTER P.O. BOX OR RURAL ROUTE NUMBER) _____

CITY _____ STATE _____ ZIP CODE _____

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 _____

6. COUNTY IN WHICH BUSINESS IS LOCATED

IS BUSINESS LOCATED INSIDE A TENNESSEE CITY?
 NO YES _____
 (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

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# _____	<input type="checkbox"/> SOCIAL SECURITY #	<input type="checkbox"/> FEDERAL EIN
HOME 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			
(2) NAME _____	HOME TELEPHONE# _____	<input type="checkbox"/> SOCIAL SECURITY #	<input type="checkbox"/> FEDERAL EIN
HOME 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			

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

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