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, HIGHWAY (DO NOT USE P.O. BOX NUMBER 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

CITY STATE ZIP CODE

6. COUNTY IN WHICH BUSINESS IS LOCATED

_____

IS BUSINESS LOCATED INSIDE A TENNESSEE CITY LIMITS?

☐ 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 OWNERS, OFFICERS, OR PARTNERS

(1) NAME | HOME TELEPHONE # | SOCIAL SECURITY # | | | — | | | — | | | | |

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

(2) NAME | HOME TELEPHONE # | SOCIAL SECURITY # | | | — | | | — | | | | |

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

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*