



# 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 1E     Classification 3     Classification 5
- Classification 1B     Classification 1D     Classification 2     Classification 4     Minimal Activity License  
(Under \$10,000 Annual Gross Receipts)

Fiscal Year  
Ending Month

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

5. BUSINESS MAILING ADDRESS

BUSINESS NAME

NAME (ENTER LEGAL NAME, IF DIFFERENT)

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

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

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

APARTMENT OR SUITE NUMBER

CITY STATE ZIP CODE

CITY STATE ZIP CODE

6. COUNTY IN WHICH BUSINESS IS LOCATED

7. BUSINESS TELEPHONE NUMBER

8. CONTACT PERSON'S NAME

IS BUSINESS LOCATED INSIDE A TENNESSEE CITY?

- NO     YES

(If Yes, Name of City)

BUSINESS FAX NUMBER

CONTACT E-MAIL ADDRESS

9. ENTER ENTITY'S FEDERAL EMPLOYER'S IDENTIFICATION #

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- APPLIED FOR
- NOT REQUIRED

10. CURRENT SALES TAX NUMBER FOR THIS BUSINESS LOCATION

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- APPLIED FOR
- NOT REQUIRED

11. TYPE OF OWNERSHIP (SELECT ONE):

- INDIVIDUAL     JOINT (COUPLE)     CORPORATION - SUB S     LP
- GEN PARTNERSHIP     CORPORATION     LLC     LLP     FINANCIAL INST

12. TN SECRETARY OF STATE ID #, 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 (SEE INSTRUCTIONS)

(1) NAME	HOME TELEPHONE#	<input type="checkbox"/> SOCIAL SECURITY # <input type="checkbox"/> OWNER'S FEDERAL EIN
HOME ADDRESS (DO NOT USE P.O. BOX #)	CITY	STATE    ZIP CODE

- Member     Officer     Partner     Owner - Individual     Owner - Company     Shareholder

(2) NAME	HOME TELEPHONE#	<input type="checkbox"/> SOCIAL SECURITY # <input type="checkbox"/> OWNER'S FEDERAL EIN
HOME ADDRESS (DO NOT USE P.O. BOX #)	CITY	STATE    ZIP CODE

- Member     Officer     Partner     Owner - Individual     Owner - Company     Shareholder

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.)

FOR OFFICIAL USE ONLY

SIGN HERE: \_\_\_\_\_  
SIGNATURE of PERSON IDENTIFIED IN ITEM 14 (DO NOT PRINT OR USE STAMP)

TITLE

DATE