



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 # \_\_\_\_\_  SOCIAL SECURITY #     FEDERAL EIN \_\_\_\_\_

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

Member     Officer     Partner     Owner - Individual     Owner - Company

(2) NAME \_\_\_\_\_ HOME TELEPHONE # \_\_\_\_\_  SOCIAL SECURITY #     FEDERAL EIN \_\_\_\_\_

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

Member     Officer     Partner     Owner - Individual     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 \_\_\_\_\_

AMOUNT DUE: \$15.00  
 \$22.00 if opened prior to 01-01-10  
 COPY OF A PHOTO I.D. REQUIRED