



# 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: \_\_\_\_\_

<b>4. BUSINESS NAME AND EXACT LOCATION</b>			<b>5. BUSINESS MAILING ADDRESS</b>		
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

<b>6. COUNTY IN WHICH BUSINESS IS LOCATED</b>	<b>7. BUSINESS TELEPHONE NUMBER</b>	<b>8. CONTACT PERSON'S NAME</b>
IS BUSINESS LOCATED INSIDE A TENNESSEE CITY? <input type="checkbox"/> NO <input type="checkbox"/> YES (If Yes, Name of City)	( ) _____ BUSINESS FAX NUMBER ( ) _____	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

<b>11. TYPE OF OWNERSHIP (SELECT ONE):</b> <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> HUSBAND/WIFE OWNERSHIP <input type="checkbox"/> OTHER <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY	<b>12. TENNESSEE SECRETARY OF STATE IDENTIFICATION #, IF APPLICABLE</b> _____
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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

Member     Officer     Partner     Owner - Individual     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

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.)

FOR OFFICIAL USE ONLY

SIGN HERE: \_\_\_\_\_  
SIGNATURE of OWNER, PARTNER, or OFFICER (DO NOT PRINT OR USE STAMP)

TITLE

DATE