

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 RE ACTIVITY. INDICATE ONLY ONE CLASSIFICATION.	EGISTERING.	CLASSIFICATION IS I	DETERMINED BY THE DOMINANT BUSINESS
Classification 1A Classifica	ation 1C	Classific	ation 2 Classification 4
Classification 1B Classifica	ation 1D	Classifica	ation 3 Classification 5
2. REASON FOR APPLYING:			3. DATE BUSINESS BEGAN INTENNESSEE AT
O 1. New business D 2. Additional location D 3. Purchase of existing business 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) APARTM		APARTMENT OR SUITE	NUMBER
CITY STATE ZIP	CODE	CITY	STATE ZIP CODE
		ELEPHONE NUMBER	8. CONTACT PERSON'S NAME
IS BUSINESS LOCATED INSIDE A TENNESSEE CITY?		FAX NUMBER	CONTACT E-MAIL ADDRESS
D NO DYES (If Yes, Name of City) ()			
9. ENTER FEDERAL EMPLOYER'S IDENTIFICATION#		1-1	O APPLIED FOR
I=I			0 NOT REQUIRED
10. CURRENT SALES TAX NUMBER FOR THIS BUSINESS LOCATION O APPLIED FOR O NOT REQUIRED			
			12. TENNESSEE SECRETARY OF STATE IDENTIFICATION#, IFAPPLICABLE
O PARTNERSHIP O CORPORATION O LIMITED LIABILITY COMPANY			
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 HOMETELEPHONE#		SOCIAL SECURITY# O FEDERALEIN	
HOMEADDRESS (DO NOT USE P.O. BOX#) CITY STATE ZIP CODE			
D Member D Officer D Partner	D Ow	ner - Individual	D Owner - Company
(2) NAME	HOMETELI	EPHONE#	O SOCIALSECURITY# O FEDERALEIN
HOMEADDRESS (DO NOT USE P.O. BOX#)	CITY		STATE ZIP CODE
D Member D Officer D Partner	D Ov	ner - Individual	D 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:			
		TE	