



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 1B, Classification 1C, Classification 1D, Classification 2, Classification 3, Classification 4, 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, 5. BUSINESS MAILING ADDRESS. Fields for business name, street, apartment, city, state, zip code.

6. COUNTY IN WHICH BUSINESS IS LOCATED, 7. BUSINESS TELEPHONE NUMBER, 8. CONTACT PERSON'S NAME. Includes fields for fax number and e-mail address.

9. ENTER FEDERAL EMPLOYER'S IDENTIFICATION# with a box for the number and radio buttons for 'APPLIED FOR' or 'NOT REQUIRED'.

10. CURRENT SALES TAX NUMBER FOR THIS BUSINESS LOCATION with a box for the number and radio buttons for 'APPLIED FOR' or '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, CITY, STATE, ZIP CODE.

- Member, Officer, Partner, Owner - Individual, Owner - Company

(2) NAME, HOME TELEPHONE#, SOCIAL SECURITY#, FEDERAL EIN, HOME ADDRESS, 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