APPLICATION FOR STANDARD 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 1B ☐ Classification 1D ☐ Classification 2 ☐ Classification 4

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

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/CITY IN WHICH BUSINESS IS LOCATED

7. BUSINESS TELEPHONE NUMBER

( ) _____

BUSINESS FAX NUMBER

( ) _____

8. CONTACT PERSON'S NAME

_____

CONTACT E-MAIL ADDRESS

_____

9. ENTER ENTITY'S 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):

☐ SOLE PROPRIETOR ☐ JOINT (COUPLE) ☐ CORPORATION - SUB S ☐ LP
☐ GEN PARTNERSHIP ☐ CORPORATION ☐ LLC ☐ LLP

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 # | ☐ SOCIAL SECURITY # ☐ 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 # | ☐ SOCIAL SECURITY # ☐ 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.)**

SIGN HERE: _____

SIGNATURE of PERSON IDENTIFIED IN ITEM 14 **(DO NOT PRINT OR USE STAMP)**

_____

TITLE *DATE*

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