APPLICATION FOR MINIMAL ACTIVITY LICENSE

The minimal activity license is available to entities whose annual gross sales will be as much as $3,000 but not more than $9,999.99. A New minimal activity license must be obtained each year in which the taxpayer qualifies. The yearly license fee is $15 and must be paid to the business tax official issuing the license. The minimal activity license does not require an annual business tax return. Persons whose annual gross receipts are $10,000 or more must obtain a regular business license in the appropriate business classification.

1. Indicate the Classification Into Which Your Business Activity Falls. 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

Has Information changed since previous year? ☐ Yes ☐ No

2. Reason for Application: ☐ 1. New business ☐ 2. Additional location ☐ 3. Renewal

For Renewals, enter local and state account nos.

3. Date Business Began 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 Identification # ☐☐ — ☐☐☐☐☐☐☐ ☐ Applied For ☐ Not Required

10. Current Sales Tax Number for 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. I attest that my annual gross receipts for the period will be or have been no more than $10,000.**

SIGN HERE: _____

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

TITLE *DATE*

FOR OFFICIAL USE ONLY