

# 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:**      /      /

**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 USE P.O. BOX NUMBER OR RURAL ROUTE NUMBER) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
-0000

**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 \_\_\_\_\_  
-0000

**6. COUNTY IN WHICH BUSINESS IS LOCATED**

Add County Field \_\_\_\_\_

IS BUSINESS LOCATED INSIDE A TENNESSEE CITY?  
 NO       YES      CityName \_\_\_\_\_  
 (If yes, Name of City)

**7. BUSINESS TELEPHONE NUMBER**

( ) \_\_\_\_\_

BUSINESS FAX NUMBER  
( ) \_\_\_\_\_

**8. CONTACT PERSON'S NAME**

\_\_\_\_\_

CONTACT E-MAIL ADDRESS \_\_\_\_\_

**9. ENTER FEDERAL EMPLOYER'S IDENTIFICATION #**

APPLIED FOR       NOT REQUIRED  
 APPLIED FOR       NOT REQUIRED

**10. CURRENT SALES TAX NUMBER FOR THIS BUSINESS LOCATION**

APPLIED FOR       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(DO NOT USE P.O.BOX #) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
-0000

Member       Officer       Partner       Owner - Individual       Owner - Company

(2) NAME \_\_\_\_\_ HOME TELEPHONE # \_\_\_\_\_  SOCIAL SECURITY #  FEDERAL EIN \_\_\_\_\_

HOME ADDRESS(DO NOT USE P.O.BOX #) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Member       Officer       Partner       Owner - Individual       Owner - Company

15.

**SIGN HERE:** \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE of OWNER, PARTNER, or OFFICER (DO NOT PRINT OR USE STAMP)