HAMILTON COUNTY CLERK
NEW BUSINESS APPLICATION

Remit $15.00 *with this form to complete application. Make check payable to "Hamilton County Clerk", and mail to Hamilton County Clerk, 625 Georgia Avenue, Room 201, Chattanooga, TN 37402.*

OR

APPLY ONLINE AT*: https://secure.tncountyclerk.com/newbusinesstax/index.php*

ALL QUESTIONS MUST BE ANSWERED COMPLETELY. INCOMPLETE AND UNSIGNED APPLICATIONS WILL DELAY PROCESSING. FOR ASSISTANCE, PLEASE CONTACT OUR OFFICE AT (423) 209-6500.

1. License Type: ☐ Standard (Gross Receipts over $10K) ☐ Minimal Activity (Gross Receipts $3,000-$10,000)

2. Fiscal Year End:	3. Date Business began in TN at this location:

4. BUSINESS NAME AND EXACT LOCATION	5. BUSINESS MAILING ADDRESS
BUSINESS NAME	NAME (ENTER LEGAL NAME (DBA), IF DIFFERENT)
STREET, HIGHWAY (DO NOT USE P.O. BOX NUMBER OR RURAL ROUTE NUMBER)	P.O. BOX, STREET, ROUTE, OR HIGHWAY
APARTMENT OR SUITE NUMBER	APARTMENT OR SUITE NUMBER
CITY STATE ZIP CODE	CITY STATE ZIP CODE

6. COUNTY BUSINESS IS LOCATED IN ***HAMILTON***	7. BUSINESS TELEPHONE NUMBER	8. CONTACT PERSON'S NAME
IS BUSINESS LOCATED INSIDE A TN CITY? ☐ NO ☐ YES (if yes, name of city)_____	BUSINESS FAX NUMBER	CONTACT E-MAIL ADDRESS

10. CURRENT SALES TAX NUMBER FOR THIS BUSINESS LOCATION *(if applicable)* :

11. TYPE OF OWNERSHIP (SELECT ONE):
Business FEIN or SSN is <u>required</u>

☐ Sole Proprietorship SSN:_____
☐ Estate or Trust FEIN:_____
☐ Corporation (all types) FEIN:_____
☐ Multi-Member LLC FEIN:_____ ☐ Single-Member LLC FEIN:_____
☐ Partnership (all types) FEIN:_____ (Marital Partnerships, See Marital Joint Ownership below)
☐ Marital Joint Ownership (both spouse's SSN:_____ , _____)

12. DESCRIBE THE BUSINESS ACTIVITY AT THIS LOCATION, STATING THE MAJOR PRODUCTS AND/OR SERVICES SOLD

13. IDENTIFY OFFICERS, PARTNERS, INDIVIDUAL, OR COMPANY OWNERS (attach additional names/info on separate sheet if needed)

(1) NAME	TELEPHONE	☐ SOCIAL SECURITY NUMBER ***<u>or</u>*** ☐ FEDERAL EIN	
HOME ADDRESS (DO NOT USE P.O. BOX #)	CITY	STATE	ZIP CODE
E-MAIL			
(2) NAME	TELEPHONE	☐ SOCIAL SECURITY NUMBER ***<u>or</u>*** ☐ FEDERAL EIN	
HOME ADDRESS (DO NOT USE P.O. BOX #)	CITY	STATE	ZIP CODE
E-MAIL			

14. 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 #13.)

SIGN HERE: _____

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

_____

TITLE and DATE

*If applying for a minimum activity license, anticipated Gross Receipts must be less than $10,000.

FOR OFFICIAL USE ONLY		
Date Received	Classificaion	Account #