Application Fee $15.00

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.

Fiscal Year Ending Month

☐ Classification 1A ☐ Classification 1C ☐ Classification 1E ☐ Classification 3 ☐ Classification 5
☐ Classification 1B ☐ Classification 1D ☐ Classification 2 ☐ Classification 4 ☐ Minimal Activity License (Under $10,000 Annual Gross Receipts)

2. REASON FOR APPLYING:
☐ 1. New business ☐ 2. Addtional 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

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 IN WHICH BUSINESS IS LOCATED
HAMILTON

IS BUSINESS LOCATED INSIDE A TENNESSEE CITY?
☐ NO ☐ YES _____ (If yes, Name of City)

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):
☐ INDIVIDUAL ☐ JOINT (COUPLE) ☐ CORPORATION - SUB S ☐ LP
☐ GEN PARTNERSHIP ☐ CORPORATION ☐ LLC ☐ LLP ☐ FINANCIAL INST

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 # ☐ OWNER'S FEDERAL EIN

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

☐ Member ☐ Officer ☐ Partner ☐ Owner - Individual ☐ Owner - Company ☐ Contact Person ☐ 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 ☐ Contact Person ☐ 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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