

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 1E Classification 3 Classification 5					
	ation 1D	2 Classification	4 (Under \$10,000 Annual Gross Receipts)		
2. REASON FOR APPLYING:			3. DATE BUSINESS BEGAN IN TENN THIS LOCATION:	ESSEE AT	
Market Control of the	onal location 🔲 3. Purchase	of existing business			
Extra provide the restriction of the first section	4. BUSINESS NAME AND EXACT LOCATION BUSINESS NAME		5. BUSINESS MAILING ADDRESS NAME (ENTER LEGAL NAME, IF DIFFERENT)		
		NAME (ENTER LEGAL N	AME, IF DIFFEREN()		
STREET OR HIGHWAY (DO NOT USE P.O. BOX NUMBER OR RURAL ROUTE NUMBER)		P.O. BOX, STREET, ROUTE, OR HIGHWAY			
APARTMENT OR SUITE NUMBER (DO NOT ENTER P.O. BOX OR RURAL ROUTE NUMBER)		APARTMENT OR SUITE NUMBER			
CITY STATE	ZIP CODE	CITY .	STATE	ZIP CODE	
6. COUNTY IN WHICH BUSINESS IS LOCATED 7. BUSINESS TO		TELEPHONE NUMBER	8. CONTACT PERSON'S NAME		
TO PURINESS LOCATED NOIDE L'EXPUESSOR CITY					
IS BUSINESS LOCATED INSIDE A TENNESSEE CITY? NO YES (If Yes, Name of City) (If Yes, Name of City)		FAX NUMBER	CONTACT E-MAIL ADDRESS		
9. ENTER ENTITY'S FEDERAL EMPLOYER'S IDENTIFICATION#			□ NOT REQUI	RED	
10. CURRENT SALES TAX NUMBER FOR THIS BUSINESS LOCATION APPLIED FOR NOT REQUIRED					
11. TYPE OF OWNERSHIP (SELECT ONE): INDIVIDUAL					
☐ INDIVIDUAL ☐ JOINT (COUPLE) ☐ CORPORATION - SUBS ☐ LP ☐ ID #, IF APPLICABLE ☐ GEN PARTNERSHIP ☐ CORPORATION ☐ LLC ☐ LLP ☐ FINANCIAL INST					
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 HOMETEL		EPHONE#	☐ SOCIAL SECURITY# ☐ OWNER'S	EDERALEIN	
HOME ADDRESS (DO MOTHEE DO DOVA)	CITY		STATE	ZIPCODE	
HOME ADDRESS (DO NOT USE P.O. BOX #) CITY STATE ZIP CODE					
☐ Member ☐ Officer	Partner Owner	- Individual 🔲 C	Owner - Company Sharehold		
(2) NAME	HOMETE	LEPHONE#	☐ SOCIAL SECURITY# ☐ OWNER'S	FEDERALEIN	
HOME ADDRESS (DO NOTUSE P.O. BOX #)	CITY		STATE	ZIPCODE	
HOWIEADDRESS (BOTTOT OSET.S. BOXT#)	OII 1			2,, 3302	
Member Officer	Partner Owner	<u> </u>	Owner - Company 🔲 Sharehold	ег	
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.)					
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AND BELIEF. (THIS APPLICATION MUOR AN OFFICER OF THE CORPORAT	JST BE SIGNED BY THE INDIVIDU	JAL OWNER, A PARTNER	·		
AND BELIEF. (THIS APPLICATION MUOR AN OFFICER OF THE CORPORATION MUOR SIGN HERE:	JST BE SIGNED BY THE INDIVIDU	JAL OWNER, A PARTNER SO BE LISTED IN ITEM 14.	·		
AND BELIEF. (THIS APPLICATION MUOR AN OFFICER OF THE CORPORATION MUOR SIGN HERE:	JST BE SIGNED BY THE INDIVIDI ION, THE SIGNATORY MUST ALS	JAL OWNER, A PARTNER SO BE LISTED IN ITEM 14.	·		