



JEANIE F. GAMMON, SULLIVAN COUNTY CLERK
3258 HWY 126, SUITE 101 BLOUNTVILLE, TN 37617

APPLICATION FOR BUSINESS TAX LICENSE

(423) 323-6435

APPLICATION \$15

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. FOR OFFICE USE ONLY.

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 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 IN WHICH BUSINESS IS LOCATED

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 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):

PROPRIETORSHIP HUSBAND/WIFE OWNERSHIP OTHER
 PARTNERSHIP CORPORATION LIMITED LIABILITY COMPANY

12. TENNESSEE SECRETARY OF STATE IDENTIFICATION #, IF APPLICABLE

13. DESCRIBE THE BUSINESS ACTIVITY

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 _____
 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. 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.)

FOR OFFICIAL USE ONLY

SIGN HERE: _____
 SIGNATURE of OWNER, PARTNER, or OFFICER (DO NOT PRINT OR USE STAMP)

 TITLE DATE