

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 1B, Classification 1C, Classification 1D, Classification 2, Classification 3, Classification 4, 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, APARTMENT OR SUITE 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

SULLIVAN, IS BUSINESS LOCATED INSIDE A TENNESSEE CITY?, NO, YES

7. BUSINESS TELEPHONE NUMBER

BUSINESS TELEPHONE NUMBER, BUSINESS FAX NUMBER

8. CONTACT PERSON'S NAME

CONTACT PERSON'S NAME, CONTACT E-MAIL ADDRESS

9. ENTER FEDERAL EMPLOYER'S IDENTIFICATION #

FEDERAL EMPLOYER'S IDENTIFICATION # grid

APPLIED FOR, NOT REQUIRED

10. CURRENT SALES TAX NUMBER FOR THIS BUSINESS LOCATION

CURRENT SALES TAX NUMBER grid

APPLIED FOR, NOT REQUIRED

11. TYPE OF OWNERSHIP (SELECT ONE):

PROPRIETORSHIP, PARTNERSHIP, HUSBAND/WIFE OWNERSHIP, CORPORATION, OTHER, 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, CITY, STATE, ZIP CODE

Member, Officer, Partner, Owner - Individual, Owner - Company

(2) NAME, HOME TELEPHONE #, SOCIAL SECURITY #, FEDERAL EIN, HOME ADDRESS, 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.)

SIGN HERE: SIGNATURE of OWNER, PARTNER, or OFFICER, TITLE, DATE