



APPLICATION FOR STANDARD 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, 1B, 1C, 1D, 1E, 2, 3, 4. Fiscal Year Ending Month

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/CITY IN WHICH BUSINESS IS LOCATED
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):
SOLE PROPRIETOR, JOINT (COUPLE), CORPORATION - SUB S, LP, GEN PARTNERSHIP, CORPORATION, LLC, LLP
12. TN SECRETARY OF STATE ID #, 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 (SEE INSTRUCTIONS)
(1) NAME, HOME TELEPHONE#, SOCIAL SECURITY#, OWNER'S FEDERAL EIN, HOME ADDRESS, CITY, STATE, ZIP CODE

14. (continued)
(2) NAME, HOME TELEPHONE#, SOCIAL SECURITY#, OWNER'S FEDERAL EIN, HOME ADDRESS, CITY, STATE, ZIP CODE

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
FOR OFFICIAL USE ONLY