



ELAINE ANDERSON
COUNTY CLERK

P.O. BOX 624 APPLICATION FOR BUSINESS TAX LICENSE
FRANKLIN, TN 37065-0624

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 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 #

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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 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 (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.)

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

TITLE

DATE

FOR OFFICIAL USE ONLY

AMOUNT DUE \$15.00

PHOTO I.D. REQUIRED