ELAINE ANDERSON COUNTY CLERK

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

1. INDICATE THE CLASSIFICATION IN WI	HICH YOU ARE	REGISTERIN		TIONIS	ONS WIL	AINED A	YTHEN	MINANT	RIGINESS
,						ب ب	** 1115E D	AMINAMA 1	BUSINESS
	Classif	=	c	lassifica	tion 2			Classific	ation 4
Classification 1B	Classif	cation 1D	C	lassifica	ition 3			Classific	
2. REASON FOR APPLYING:				···	3. D/	TEBUS	INESS B		TENNESSEE A
1. New business 2: Addition			of existing bu	siness	THIS	LOCATI	ON:		
4. BUSINESS NAME AND EXACT BUSINESS NAME	5. BUSINESS MAILING ADDRESS								
Business name			NAME (ENTER	LEGAL N	AME, IF D	IFFEREN	7)		
STREET OR HIGHWAY (DO NOT USE P.O. BOX NUMBER	R OR RURAL ROUTE	NUMBER)	P.O. BOX, STRE					,	
APACTMENT OR CLUTCH HARDEN	······································		<u> </u>				•		
APARTMENT OR SUITE NUMBER (DO NOT ENTER RO	. BOX OR RURAL RO	OUTE NUMBER)	APARTMENT OR	SUITE NU	MBER '				
CITY STATE		PCODE	CITY			STATE			ZIP CODE
6. COUNTY IN WHICH BUSINESS IS LOCATED	0 7	. BUSINESS T	ELEPHONE NUMI	RER I	0 001	TACTO	RSON'S		
		()			e, con	IIAC I P	KSON'S	NAME	
IS BUSINESS LOCATED INSIDE A TENNESSEE	E CITY?	BUSINESS	AX NUMBER	-	CON	TACT E-	MAIL ADE	RESS	··-
(If Yes, Name of City)		().		1					
9. ENTER FEDERAL EMPLOYER'S IDENTIFIC	ATION#) FOR QUIRED
10. CURRENT SALES TAX NUMBER FOR THIS	BUSINESS LO	CATION		T	TT			APPLIEC	FOR
11. TYPE OF OWNERSHIP (SELECT ONE):					4-4	10 7		NOT RE	QUIRED
	WIFE OWNER	<u> </u>	OTHER	<u> </u>	+	12. TE	NNESSE	SECRET	QUIRED ARY OF STATE
		SHIP [-, -	NV		12. TE	NNESSE	SECRET	QUIRED
PARTNERSHIP HUSBANDA	TION 📋	RSHIP	BILITY COMPAI			ΙĐ	NNESSE ENTIFICA	SECRET	QUIRED ARY OF STATE
PROPRIETORSHIP HUSBANDA	TION 📋	RSHIP	BILITY COMPAI			ΙĐ	NNESSE ENTIFICA	SECRET	QUIRED ARY OF STATE
PROPRIETORSHIP HUSBANDA PARTNERSHIP CORPORAT 13. DESCRIBE THE BUSINESS ACTIVITY AT T	HIS LOCATION	ISHIP [] LIMITED LIA , STATING THE	BILITY COMPAI		OR SER	ΙĐ	NNESSE ENTIFICA	SECRET	QUIRED ARY OF STATE
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