

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.

Fiscal Year Ending Month

- Classification 1A, 1B, 1C, 1D, 1E, 2, 3, 4, 5, Minimal Activity License (Under \$10,000 Annual Gross Receipts)

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

5. BUSINESS MAILING ADDRESS

Form fields for business name, street, apartment, city, state, and zip code for both business location and mailing address.

6. COUNTY IN WHICH BUSINESS IS LOCATED

WAYNE
IS BUSINESS LOCATED INSIDE A TENNESSEE CITY?
NO YES
(If yes, Name of City)

7. BUSINESS TELEPHONE NUMBER

Business telephone and fax number fields.

8. CONTACT PERSON'S NAME

Contact person's name and e-mail address fields.

9. ENTER ENTITY'S FEDERAL EMPLOYER'S IDENTIFICATION #

FEIN input grid with checkboxes for 'APPLIED FOR' and 'NOT REQUIRED'.

10. CURRENT SALES TAX NUMBER FOR THIS BUSINESS LOCATION

Sales tax number input grid with checkboxes for 'APPLIED FOR' and 'NOT REQUIRED'.

11. TYPE OF OWNERSHIP (SELECT ONE):

- Individual, Joint (Couple), Corporation - Sub S, LP, Gen Partnership, Corporation, LLC, LLP, Financial Inst

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

Owner information fields: (1) Name, Home Telephone, Social Security #, Owner's Federal EIN, Home Address, City, State, Zip Code.

- Member, Officer, Partner, Owner - Individual, Owner - Company, Contact Person, Shareholder

Owner information fields: (2) Name, Home Telephone, Social Security #, Owner's Federal EIN, Home Address, City, State, Zip Code.

- Member, Officer, Partner, Owner - Individual, Owner - Company, Contact Person, Shareholder

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 line, Title, Date.