

## APPLICATION FOR BUSINESS TAX LICENSE

Fee \$15.00

ALL QUESTIONS MUST BE ANSWERED COMPLETELY. FOR ASSISTANCE, PLEASE CONTACT YOUR LOCAL CO	INCOMPLETE AND DUNTY CLERK OR I	UNSIGNED AP DESIGNATED C	PLICATIO	NS WIL	L DELAY	PROCESSING	<b>3</b> .			
1. INDICATE THE CLASSIFICATION IN WHICH YOU ARE REGISTERING. CLASSIFICATION IS DETERMINED BY THE DOMINANT BUSINESS ACTIVITY. INDICATE ONLY ONE CLASSIFICATION.  Fiscal Year Ending More										
Classification 1A Classification 1C	sification	3 🔲	Classifi	cation 5	l					
Classification 1B Classification 1D	Classification 2	Class	sification	4 🔲	Minimal	Activity Lice	nse			
2. REASON FOR APPLYING:	3. DATE BUSINESS BEGAN IN TENNESSEE AT THIS LOCATION:					INESSEE AT				
1. New business 2. Additional location	3. Purchase	of existing b	usiness			<u> </u>				
4. BUSINESS NAME AND EXACT LOCATION	5. BUSINESS MAILING ADDRESS									
BUSINESS NAME	NAME (ENTER LEGAL NAME, IF DIFFERENT)									
STREET OR HIGHWAY (DO NOT USE P.O. BOX NUMBER OR RURAL RO	P.O. BOX, STREET, ROUTE, OR HIGHWAY									
APARTMENT OR SUITE NUMBER (DO NOT ENTER P.O. BOX OR RURA	APARTMENT OR SUITE NUMBER									
CITY STATE	ZIP CODE	CITY			STATE ZIP CODE					
6. COUNTY IN WHICH BUSINESS IS LOCATED	7. BUSINESS T	TELEPHONE NUMBER 8			B. CONTACT PERSON'S NAME					
IS BUSINESS LOCATED INSIDE A TENNESSEE CITY?	FAX NUMBER	_		OONTAGE MAN APPRESS						
NO TYES	FAX NUMBER		CO	CONTACT E-MAIL ADDRESS						
(If Yes, Name of City)	( )			<del></del>						
9. ENTER FEDERAL EMPLOYER'S IDENTIFICATION #	<u> </u>						APPLIED F NOT REQU			
10. CURRENT SALES TAX NUMBER FOR THIS BUSINESS LOCATION								REQUIRED		
11. TYPE OF OWNERSHIP (SELECT ONE):  INDIVIDUAL JOINT (COUPLE) CORPORATION - SUBS LP  GEN PARTNERSHIP CORPORATION LLC LLP FINA					12. TN SECRETARY OF STATE ID#, IF APPLICABLE  ANCIAL INST					
13. DESCRIBE THE BUSINESS ACTIVITY AT THIS LOCA	TION, STATING TH	E MAJOR PROI				SOLD:				
14. IDENTIFY OFFICERS, PARTNERS, OR INDIVIDUAL OR COMPANY OWNERS										
(1) NAME	EPHONE#		☐ SOCIAL SECURITY# ☐ FEDERALEIN							
-										
HOME ADDRESS (DO NOT USE P.O. BOX#)  CITY  STATE  ZIPO								ZIPCODE		
☐ Member ☐ Officer ☐ Partner	☐ Owner -	Owner - Individual				у 🔲 :	Sharehol	der		
(2) NAME	EPHONE#			□ SOCIAL SECURITY# □ FEDERALEIN						
		1								
HOME ADDRESS (DO NOT USE P.O. BOX #)	CITY					STATE		ZIPCODE		
Member Officer Partner	Owner -	· Individual		wner -	Compan		Sharehol			
15. THE STATEMENTS MADE ON THIS APPLICATION AS AND BELIEF. (THIS APPLICATION MUST BE SIGNED	BY THE INDIVIDUA	ALOWNER, A P	ARTNER,	ļ	FC	OR OFFICIAL I	USE ONLY	•		
OR AN OFFICER OF THE CORPORATION. THE SIGN	IATORY MUST ALSO	) BE LISTED IN	ITEM 14.)	N	Iail app	lication and	registra	tion fee to:		
SIGN HERE:SIGNATURE of PERSON IDENTIFIED IN ITEM 14 (DO	Town of Thompson P.O. Box 100 Thompson's Statio									
Try É	su. a	7777	<del>-</del>		HIVII	Thorn 1 Dene	awaay A.41 b			
TITLÉ	DF	TE		1						

Registration Fee: <u>\$15.00</u>

## APPLICATION FOR BUSINESS TAX LICENSE INSTRUCTIONS

1. Select the classification under which your dominant business activity falls. "Dominant business activity" means the business activity that is the major and principal source of taxable gross sales of the business. If you need assistance in determining the appropriate business tax classification, please ask your county clerk or the designated city business tax official. You may also wish to refer to the document "Determining Your Business Tax Classification," which is available at tn.gov/revenue. Enter the month or which the taxpayer's fiscal year ends.

Entities having less than \$10,000 in annual gross receipts may either select the option for "Minimal Activity License" or register fo a regular business license in the appropriate business classification. Minimal Activity Licenses are valid for only the fiscal year selected. Each year in which the taxpayer will have less than \$10,000 in annual gross receipts, a new Minimal Activity Licens must be obtained.

- 2. Select the reason for which the application is being filed new business, additional location, or the purchase of an existing business
- 3. Enter the date on which the applicant began or will begin conducting business activities at the location for which registration is being made.
- 4. Enter the name and exact location address of the business being registered. Include the business name, street address, city, state and zip code.
- 5. Enter the mailing address of the business being registered. Enter the legal name (if different from location name), street address or post office box number, city, state, and zip code. If the legal name and mailing address are identical to the information in Item 4, leave Item 5 blank.
- 6. Enter the name of the county in which the business is located. Indicate whether the business is located within the limits of a city in the county. If the business is located within the limits of a city, enter the name of the city. Note: A business located within the limits of a city may have a business tax obligation for both the county and the city. If so, the business must obtain a business license from both the county and the city.
- 7. Enter the telephone number and, if applicable, the fax number of the business being registered.
- 8. Enter the name of a contact person for the business being registered. Enter the contact person's email address.
- 9. Enter the Federal Employer's Identification Number (FEIN) of the business being registered. If the business has applied for bu not received an FEIN, so indicate. If no FEIN is required, so indicate.
- 10. If the business being registered currently has a sales and use tax account with the Tennessee Department of Revenue, enter the sales and use tax account number. If the business has applied for but not received a sales and use tax account number, so indicate If no sales or use tax account number is required, so indicate.
- 11. Select the legal structure type of the business being registered.
- 12. Enter the Tennessee Secretary of State identification number of the business being registered, if applicable.
- 13. Enter a description of the business activities being performed by the business at the location being registered. Indicate the main products and services sold at this business location. Please be as detailed as possible.
- 14. Enter the names, home addresses, and home telephone numbers of two owners, officers, or partners in the business being registered. If the owner is an individual, enter the owner's social security number and check the appropriate box. If the owner is a business entity, enter the owner's FEIN and check the appropriate box. Finally, check the box to indicate whether the person is an individual or business entity owner, partner, officer, or member. This information is critical. It will allow us to identify persons with whom we may discuss the business tax account when needed.
- 15. The application must be signed by an individual owner, partner, or officer of the business being registered. The person who sign the application must be listed in Item 14 on the application form. Indicate the title of the person signing the application (i.e., owner partner, officer) and the date on which the application is signed.