

APPLICATION FOR BUSINESS TAX LICENSE

ALL QUESTIONS MUST BE ANSWERED COMPLETELY. I FOR ASSISTANCE, PLEASE CONTACT YOUR LOCAL CO								. DEL	AY PR	OCESSI	NG.			
1. INDICATE THE CLASSIFICATION IN WHICH YOU ARE REGISTERING. CLASSIFICATION IS DETERMINED BY THE DOMINANT BUSINESS ACTIVITY. INDICATE ONLY ONE CLASSIFICATION.										IINANT	Fiscal Year Ending Month			
Classification 1A Classification 1C		_		ation		Minimal Activity License								
Classification 1B Classification 1D Classification 2 Classification 4 (Under \$10,000 Annual Gross Receipts) 2. REASON FOR APPLYING: 3. DATE BUSINESS BEGAN IN TENNESSEE A														
2. REASON FOR APPLYING: 1. New business 2. Additional location	THIS LOCATION:									ENNESSEE AT				
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 ROUTE NUMBER)				P.O. BOX, STREET, ROUTE, OR HIGHWAY										
APARTMENT OR SUITE NUMBER (DO NOT ENTER P.O. BOX OR RURAL ROUTE NUMBER)				APARTMENT OR SUITE NUMBER										
CITY STATE	STATE ZIP CODE			CITY					ΓE	ZIP CODE				
6. COUNTY IN WHICH BUSINESS IS LOCATED	7. BUSI	ELEPHONE NUMBER 8				8. CC	3. CONTACT PERSON'S NAME							
NO				FAX NUMBER					CONTACT E-MAIL ADDRESS					
(If Yes, Name of City)	L	<u> </u>	==				_				APPLIE	IN EOP		
9. ENTER ENTITY'S FEDERAL EMPLOYER'S IDENTIFICATION#				-		NOT REQUIRED								
10. CURRENT SALES TAX NUMBER FOR THIS BUSINESS LOCATION								APPLIED FOR D NOT REQUIRED						
11. TYPE OF OWNERSHIP (SELECT ONE): INDIVIDUAL JOINT (COUPLE) CORPORATION - SUBS L GEN PARTNERSHIP CORPORATION LLC LLP F								12. TN SECRETARY OF STATE ID #, IF APPLICABLE ANCIAL INST						
13. DESCRIBE THE BUSINESS ACTIVITY AT THIS LOCATION, STATING THE MAJOR PRODUCTS AND/OR SERVICES SOLD:														
14. IDENTIFY OFFICERS, PARTNERS, OR INDIVIDUAL O	R COMPANY	OWNE	RS (SE	EE INS	ruc	TION								
(1) NAME	NAME HOMETEI				EPHONE#					SOCIAL SECURITY# D OWNER'S				
HOME ADDRESS (DO NOT USE P.O. BOX #)	· Y						STATE ZIP CODE							
	<u> </u>													
Member Officer Partner										holder				
(2) NAME	HC	EPHONE#				□ s	OCIA	IER'S FEDERALEIN						
HOMEADDRESS (DO NOT USE P.O. BOX #)	 Cl1	TY						L		 STATE		ZIP CODE		
TIONICADDICES (BONOT OSCIT.O. BOX#)	011									017112		Li, OODL		
☐ Member ☐ Officer ☐ Partner		Owner -	- Indiv	/idual	[Owner -	Con	pany		Share	holder		
15. THE STATEMENTS MADE ON THIS APPLICATION AI AND BELIEF. (THIS APPLICATION MUST BE SIGNE OR AN OFFICER OF THE CORPORATION. THE SIGN	D BY THE IN	DIVIDU	AL OW	/NER, A	PAR	TNER	, [FOF	OFFICIA	AL USE O	NLY		
SIGN HERE: SIGNATURE of PERSON IDENTIFIED IN ITEM 14 (DO	ONOTORINT	OR USE	STAME	<u> </u>										
S.S.B. SIL OF ENGORIDER FIED IN FEM 14 (D	- norrant	J., UJE	J 10111F	•										
TITLE		D	ATE		_									