



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.

_____ 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 #

____-____-____-____-____-____

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 _____

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.
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 but 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 signs 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.



BUSINESS TAX ACCOUNT CHANGE FORM

YOU MUST COMPLETE ITEM 1, EITHER ITEM 2 OR ITEM 3 AS APPLICABLE, AND ITEM 4. ENTER INFORMATION IN ITEMS 5 THROUGH 16 IF CHANGES HAVE OCCURRED. FOR ASSISTANCE, PLEASE CONTACT YOUR LOCAL COUNTY CLERK OR DESIGNATED MUNICIPAL BUSINESS TAX REPRESENTATIVE.

1. Effective Date of Changes:	2. FEIN/SSN:	3. Local Business Tax Account No:	4. State Business Tax Account No:
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5a. PREVIOUS ACCOUNT NAME	5b. NEW ACCOUNT NAME
BUSINESS NAME	BUSINESS NAME
LEGAL NAME, IF DIFFERENT	LEGAL NAME, IF DIFFERENT

6a. PREVIOUS EXACT LOCATION ADDRESS	6b. NEW EXACT LOCATION ADDRESS
STREET, HIGHWAY (DO NOT USE P.O. BOX NUMBER OR RURAL ROUTE NUMBER)	STREET, HIGHWAY (DO NOT USE P.O. BOX NUMBER OR RURAL ROUTE NUMBER)
APARTMENT OR SUITE NUMBER (DO NOT USE P.O. BOX OR RURAL ROUTE NUMBER)	APARTMENT OR SUITE NUMBER (DO NOT USE P.O. BOX OR RURAL ROUTE NUMBER)
CITY STATE ZIP CODE	CITY STATE ZIP CODE

7a. PREVIOUS MAILING ADDRESS	7b. NEW MAILING ADDRESS
P.O. BOX, STREET, ROUTE, OR HIGHWAY	P.O. BOX, STREET, ROUTE, OR HIGHWAY
APARTMENT OR SUITE NUMBER (DO NOT USE P.O. BOX OR RURAL ROUTE NUMBER)	APARTMENT OR SUITE NUMBER (DO NOT USE P.O. BOX OR RURAL ROUTE NUMBER)
CITY STATE ZIP CODE	CITY STATE ZIP CODE

8. COUNTY IN WHICH BUSINESS IS LOCATED	9. IS BUSINESS LOCATED INSIDE A TENNESSEE CITY LIMITS?
	<input type="checkbox"/> NO <input type="checkbox"/> YES (If Yes, Name of City)

10a. PREVIOUS BUSINESS TAX CLASSIFICATION	10b. NEW BUSINESS TAX CLASSIFICATION	11a. IF CLOSING BUSINESS, INDICATE BELOW	11b. EFFECTIVE DATE OF CLOSURE
		<input type="checkbox"/> CLOSING BUSINESS	

12. BUSINESS TELEPHONE NUMBER	13. BUSINESS FAX NUMBER	14. BUSINESS E-MAIL ADDRESS
() _____	() _____	_____

15a. PREVIOUS OWNERSHIP TYPE (SELECT ONE):	15b. NEW OWNERSHIP TYPE
<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> HUSBAND/WIFE OWNERSHIP <input type="checkbox"/> OTHER <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY	_____

16. IDENTIFY CHANGES IN OWNERS, OFFICERS, PARTNERS, OR CONTACT PERSON

(1) NAME	HOME TELEPHONE #	<input type="checkbox"/> SOCIAL SECURITY #	<input type="checkbox"/> FEDERAL EIN
HOME ADDRESS (DO NOT USE P.O. BOX #)	CITY	STATE	ZIP CODE

Member Owner Officer Partner Contact Person Add Remove

(2) NAME	HOME TELEPHONE #	<input type="checkbox"/> SOCIAL SECURITY #	<input type="checkbox"/> FEDERAL EIN
HOME ADDRESS (DO NOT USE P.O. BOX #)	CITY	STATE	ZIP CODE

Member Owner Officer Partner Contact Person Add Remove

17. 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 16.)

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

BUSINESS TAX ACCOUNT CHANGE FORM INSTRUCTIONS

1. Enter the date on which the changes you are making to the business tax account will be effective.
2. If the business has a Federal Employer Identification Number (FEIN), enter the FEIN. If the business does not have a FEIN, enter the social security number under which the business is registered.
3. Enter the local business tax account number of the business for which the changes are being made.
4. Enter the state business tax account number of the business for which the changes are being made.
5. Enter the previous name of the business as recorded on the business tax account in Block 5a. Enter the new name to be recorded on the account in Block 5b.
6. Enter the previous location address as recorded on the business tax account in Block 6a. Enter the new location address to be recorded for the business in Block 6b.
7. Enter the previous mailing address as recorded on the business tax account in Block 7a. Enter the new mailing address to be recorded for the business in Block 7b.
8. Enter the name of the county in which the business is located.
9. 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 complete a change form for both the county and the city.**
10. Enter the previous business tax classification under which the business filed business tax returns in Block 10a. Enter the new business tax classification under which the business must file returns in Block 10b.
11. If the business is closing, check the "Closing Business" box in Block 11a. Enter the effective date of closing in Block 11b.
12. Enter the business telephone number.
13. If the business has a fax number, enter the business fax number.
14. Enter the business fax number.
15. Select the previous ownership type of the business by checking the appropriate box in Block 15a. Enter the new ownership type in Block 15b.
16. Enter the name, home address, home telephone number, FEIN or social security number, as applicable, of owners, officers, or partners, or contact persons for the business. Check the box that most closely identifies the relationship of the person being named to the business. Check the appropriate box to indicate if the person is to be added to the account or removed from the account. If a person is being replaced, enter both the person being added and the person being removed.

This information is critical. It will allow us to identify persons with whom we may discuss the business tax account when needed. If additional changes are required, please submit them on a separate piece of paper.
17. The application must be signed by an owner, partner, or officer of the business for which changes are being made. The person who signs the application must either have been listed in Item 14 on the original business tax application form or be added in Item 16 on this or other subsequent change forms submitted for the business. Indicate the title of the person signing the application (i.e., owner, partner, officer) and the date on which the application is signed.