



**JOHN ARRIOLA,
DAVIDSON COUNTY CLERK**

APPLICATION FOR BUSINESS TAX LICENSE

Date _____

Receipt # _____

Business # _____

ALL QUESTIONS MUST BE ANSWERED COMPLETELY. INCOMPLETE AND UNSIGNED APPLICATIONS WILL DELAY PROCESSING. FOR ASSISTANCE, PLEASE CONTACT THIS OFFICE AT (615) 862-6254.

1. FOR OFFICE USE ONLY:

_____ CLASSIFICATION 1A _____ CLASSIFICATION 1C _____ CLASSIFICATION 2 _____ CLASSIFICATION 4
 _____ CLASSIFICATION 1B _____ CLASSIFICATION 1D _____ CLASSIFICATION 3

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, HIGHWAY (DO NOT USE P.O. BOX NUMBER 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 _____
 CITY _____ STATE _____ ZIP CODE _____

6. COUNTY IN WHICH BUSINESS IS LOCATED

_____ County License Fee \$15.00
IS BUSINESS LOCATED INSIDE A TENNESSEE CITY LIMIT?
 NO YES _____
 (If yes, write Name of City and add City License Fee \$15.00
TOTAL _____

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 AND INCLUDE PHOTOCOPY OF DRIVER'S LICENSE. 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

Make remittance check payable to "Davidson County Clerk."

VISIT US AT: Davidson County Clerk
523 Mainstream Drive, Nashville, TN 37228

Please call (615) 862-6254 with questions.

MAIL TO: Davidson County Clerk
P.O. Box 196333, Nashville, TN 37219-6333

This application must be received within 20 days from commencement of business or penalty and interest will apply.