

FOR DEPARTMENT USE ONLY

Date Received: \_\_\_\_\_

Date Written: \_\_\_\_\_

License No: \_\_\_\_\_

Classification: \_\_\_\_\_

# APPLICATION FOR BUSINESS TAX LICENSE

ANSWER ALL QUESTIONS COMPLETELY AND REMIT PROPER PAYMENT DUE  
Incomplete Applications Will Be Returned to You  
\*\*\* READ CAREFULLY \*\*\*

CITY OF ATHENS  
FINANCE DEPARTMENT

815 N JACKSON ST  
ATHENS, TN 37303

(423) 744-2711



### 1. OPENING DATE OF BUSINESS AT THIS LOCATION:

### 2. EXACT BUSINESS NAME AND LOCATION

Name (give trade name at this location)

Street, Highway (Do not use PO Box)

City State Zip

### 3. BUSINESS MAILING ADDRESS

Name (enter corporate if applicable)

Street, Highway Route or PO Box Number

City State Zip

### 4. Business Phone Number (include AREA CODE)

### 6. State Sales Tax Number

Applied For  
Not Required

### 5. Federal Employers ID Number

Applied For  
Not Required

### 7. Type of Ownership

Proprietorship  Partnership  Other:  
 Corporation – Enter date of incorporation or domestication in Tennessee:

Name of Corporation:

### 8. Identify owners, officers and/or partners (attach additional names, addresses, phone No's and social security No's on separate sheet)

(1) Name	Home Phone Number	SSN	-	-
Address (no PO Box)	City	State	Zip	
(2) Name	Home Phone Number	SSN	-	-
Address (no PO Box)	City	State	Zip	
(3) Name	Home Phone Number	SSN	-	-
Address (no PO Box)	City	State	Zip	

### 9. Describe the exact business activity at this location, stating the major products and/or services sold:

Is this business:  Retail  Wholesale  Both  Manufacturer  Amusement  
Percent \_\_\_\_\_ % Wholesale  
Percent \_\_\_\_\_ % Retail

10. Using the BUSINESS ACTIVITY CODE listing on the back of the application, enter the code number that best describes your type of business operation.  
[ ][ ][ ][ ][ ]

11. Do you operate more than one business location in Athens and Tennessee?  
 No  
 Yes –How many additional locations?  
(IF YES ATTACH ADDITIONAL NAMES AND ADDRESSES)

12. Have you ever had a City of Athens Business Tax License prior to now?  Yes  No  
If YES give the name and address of your last business

Name  
Address City State Zip

13. REASON FOR FILING THIS APPLICATION  
 Starting a new business  
 Change in corporate structure  
 Change in the ownership of, or the purchase of an existing business. Enter the name and City License Number of the business you are purchasing  
Name License Number

### 14. This application must be received within 20 days from commencement date of business or penalty and interest apply \*

* Minimum Fee.....	\$ 15.00
* Penalty – (5% for each 30 days or fraction thereof not to exceed 25%).....	\$
* Interest.....	\$
* Registration Fee.....	\$
* Total payment due, MAKECHECK IN THIS AMOUNT.....	\$

15. THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.  
(This applications must be signed by the individual/owner, or by a partner, or by an officer of the corporation.)

BY: \_\_\_\_\_  
Signature of owner, partner, or corporation officer (do not print signature) Title Date

MAIL TO: CITY OF ATHENS, PO BOX 849, ATHENS, TENNESSEE, 37371-0849

NOTICE – The Eighty-Seventh General Assembly of the State of Tennessee enacted effective June 1, 1971, known as the "BUSINESS TAX ACT" which, in effect, imposes a tax of \$15.00 on the privilege of conducting business within this state. Payment may be credited against subsequent payments of tax required to be paid annually upon a gross receipt basis.