



APPLICATION FOR STANDARD BUSINESS TAX LICENSE

CITY OF ATHENS, TN
DEPT. OF FINANCE
815 N. Jackson
Athens, TN 37303

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.

Fiscal Year Ending Month

- Classification 1A, 1B, 1C, 1D, 1E, 2, 3, 4

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

5. BUSINESS MAILING ADDRESS

BUSINESS NAME, STREET OR HIGHWAY, APARTMENT OR SUITE NUMBER, CITY, STATE, ZIP CODE

NAME (ENTER LEGAL NAME, IF DIFFERENT), P.O. BOX, STREET, ROUTE, OR HIGHWAY, APARTMENT OR SUITE NUMBER, CITY, STATE, ZIP CODE

6. COUNTY/CITY IN WHICH BUSINESS IS LOCATED

7. BUSINESS TELEPHONE NUMBER

8. CONTACT PERSON'S NAME

Business telephone and fax numbers

Contact person's name and e-mail address

9. ENTER ENTITY'S FEDERAL EMPLOYER'S IDENTIFICATION #

FEIN input boxes

- APPLIED FOR, NOT REQUIRED

10. CURRENT SALES TAX NUMBER FOR THIS BUSINESS LOCATION

Sales tax number input boxes

- APPLIED FOR, NOT REQUIRED

11. TYPE OF OWNERSHIP (SELECT ONE):

- SOLE PROPRIETOR, JOINT (COUPLE), CORPORATION - SUB S, LP, GEN PARTNERSHIP, CORPORATION, LLC, LLP

12. TN SECRETARY OF STATE ID #, 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 (SEE INSTRUCTIONS)

(1) NAME, HOME TELEPHONE#, SOCIAL SECURITY #, OWNER'S FEDERAL EIN

HOME ADDRESS (DO NOT USE P.O. BOX #), CITY, STATE, ZIP CODE

- Member, Officer, Partner, Owner - Individual, Owner - Company, Shareholder

(2) NAME, HOME TELEPHONE#, SOCIAL SECURITY #, OWNER'S FEDERAL EIN

HOME ADDRESS (DO NOT USE P.O. BOX #), CITY, STATE, ZIP CODE

- Member, Officer, Partner, Owner - Individual, Owner - Company, Shareholder

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.)

FOR OFFICIAL USE ONLY

SIGN HERE: SIGNATURE of PERSON IDENTIFIED IN ITEM 14 (DO NOT PRINT OR USE STAMP)

TITLE, DATE