

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 1E Classification 3 Classification 5
- Classification 1B Classification 1D Classification 2 Classification 4 Minimal Activity License
(Under \$10,000 Annual Gross Receipts)

Fiscal Year Ending Month

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 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 _____
 APARTMENT OR SUITE NUMBER _____
 CITY STATE ZIP CODE _____

6. COUNTY IN WHICH BUSINESS IS LOCATED

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 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 ENTITY'S 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):

- INDIVIDUAL JOINT (COUPLE) CORPORATION - SUB S LP
- GEN PARTNERSHIP CORPORATION LLC LLP FINANCIAL INST

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 # OWNER'S FEDERAL EIN
 HOME ADDRESS(DO NOT USE P.O. BOX #) CITY STATE ZIP CODE
 Member Officer Partner Owner - Individual Owner - Company Contact Person 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 Contact Person 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