DAVIDSON COUNTY CLERK

APPLICATION FOR BUSINESS TAX LICENSE ☐ OR MINIMAL ACTIVITY LICENSE* ☐

(*UNDER 10,000 ANNUAL GROSS RECEIPTS)

*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.

FOR OFFICE USE ONLY:

_____ CLASSIFICATION 1A _____ CLASSIFICATION 1C _____ CLASSIFICATION 2

_____ CLASSIFICATION 1B _____ CLASSIFICATION 1D _____ CLASSIFICATION 3

_____ CLASSIFICATION 1E _____ CLASSIFICATION 4

1. SELECT THE MONTH YOUR TAX YEAR WILL END. FOR EXAMPLE, APRIL 1ST - MARCH 31ST, YEAR ENDS MARCH. PLEASE CIRCLE YOUR TAX YEAR END.

JAN FEB MARCH APRIL MAY JUNE

JULY AUG SEPT OCT NOV DEC

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):

☐ SOLE OWNER ☐ HUSBAND/WIFE OWNERSHIP ☐ OTHER ☐ LP ☐ LLP

☐ PARTNERSHIP ☐ CORPORATION ☐ LIMITED LIABILITY COMPANY ☐ S- CORP

12. TENNESSEE SECRETARY OF STATE CONTROL #, 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 # ☐☐☐☐☐☐☐☐☐

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

☐ Member ☐ Officer ☐ Partner ☐ Owner - Individual ☐ Owner - Company with different FEIN

(2) NAME | HOME TELEPHONE # | ☐ SOCIAL SECURITY # ☐☐☐☐☐☐☐☐☐

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

☐ Member ☐ Officer ☐ Partner ☐ Owner - Individual ☐ Owner - Company with different FEIN

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*

SIGN HERE:_____ _____

SIGNATURE of 2nd OWNER, PARTNER, or OFFICER **(DO NOT PRINT OR USE STAMP)** *TITLE* *DATE*

Make remittance check payable to "Davidson County Clerk."

Please call (615) 862-6254 with questions.

VISIT US AT: **Davidson County Clerk**
700 2nd Ave South, Nashville, TN 37210

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.