BARBARA J. ANTHONY
COUNTY CLERK, ROANE COUNTY
200 East Race St.
P.O. Box 546
Kingston, Tennessee 37763

**Application Fee $15.00**

# 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. Addtional 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**
ROANE

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.)**

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

_____
*TITLE* *DATE*

**FOR OFFICIAL USE ONLY**