



Town of Thompson's Station, Tennessee
APPLICATION FOR BUSINESS TAX LICENSE

Fee
\$15.00

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 2 _____ Classification 4
 _____ Classification 1B _____ Classification 1D _____ Classification 3 _____ Classification 5

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 _____	NAME (ENTER LEGAL NAME, IF DIFFERENT) _____
STREET OR HIGHWAY (DO NOT USE P.O. BOX NUMBER OR RURAL ROUTE NUMBER) _____	P.O. BOX, STREET, ROUTE, OR HIGHWAY _____
APARTMENT OR SUITE NUMBER (DO NOT ENTER P.O. BOX OR RURAL ROUTE NUMBER) _____	APARTMENT OR SUITE NUMBER _____
CITY _____ STATE _____ ZIP CODE _____	CITY _____ STATE _____ ZIP CODE _____

6. COUNTY IN WHICH BUSINESS IS LOCATED _____ IS BUSINESS LOCATED INSIDE A TENNESSEE CITY? <input type="checkbox"/> NO <input type="checkbox"/> YES _____ <small>(If Yes, Name of City)</small>	7. BUSINESS TELEPHONE NUMBER () _____ BUSINESS FAX NUMBER () _____	8. CONTACT PERSON'S NAME _____ CONTACT E-MAIL ADDRESS _____
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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): <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> HUSBAND/WIFE OWNERSHIP <input type="checkbox"/> OTHER <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY	12. TENNESSEE SECRETARY OF STATE IDENTIFICATION #, IF APPLICABLE _____
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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 # _____	<input type="checkbox"/> SOCIAL SECURITY #	<input type="checkbox"/> FEDERAL EIN	
HOME ADDRESS (DO NOT USE P.O. BOX #) _____	CITY _____	STATE _____	ZIP CODE _____	
<input type="checkbox"/> Member <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Owner - Individual <input type="checkbox"/> Owner - Company				

(2) NAME _____	HOME TELEPHONE # _____	<input type="checkbox"/> SOCIAL SECURITY #	<input type="checkbox"/> FEDERAL EIN	
HOME ADDRESS (DO NOT USE P.O. BOX #) _____	CITY _____	STATE _____	ZIP CODE _____	
<input type="checkbox"/> Member <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Owner - Individual <input type="checkbox"/> Owner - Company				

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 OWNER, PARTNER, or OFFICER (DO NOT PRINT OR USE STAMP) _____
TITLE _____
DATE

Registration Fee: \$15.00 Make check payable to Town of Thompson's Station

Mail application and registration fee to: **Town of Thompson's Station**
P.O. Box 100
Thompson's Station, TN 37179