

THIS APPLICATION ALONG WITH PROPER REMITTANCE MUST BE RECEIVED BY THIS OFFICE WITHIN 20 DAYS OF THE COMMENCEMENT OF YOUR BUSINESS OR THE PENALTY PROVISIONS MENTIONED BELOW WILL APPLY

JEFF COLE
ANDERSON COUNTY CLERK
 100 MAIN STREET
 ROOM 111
 CLINTON, TN 37716
 Phone: 865-457-6229 Fax: 865-463-6892

FOR DEPARTMENT USE ONLY

Date Received

Date Written

License No

APPLICATION FOR BUSINESS TAX LICENSE

1. Opening Date of Business at this Location: _____		Classification: _____	
2. Business Name And Location Name (give trade name at this location) _____		3. Business Mailing Address Name (give trade name at this location) _____	
Street, Highway, Route (Do not use P.O. Box) _____		Street, Highway or P.O. Box Number _____	
City State Zip _____		City State Zip _____	
4. Business Phone Number (Include Area Code) _____ Fax # _____		5. Home Phone Number (Include Area Code) _____	
6. State Sales Tax Number _____ <input type="checkbox"/> Applied For <input type="checkbox"/> Not Required		7. Federal Employers I.D. No. _____ <input type="checkbox"/> Applied For <input type="checkbox"/> Not Required	
8. Type of Ownership: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other: _____ <input type="checkbox"/> Corporation - Enter date of incorporation or domestication in Tennessee: _____ Name of corporation: _____			
9. Identify owners, officers and/or partners (attach additional names, addresses, phone no.'s and social security no.'s on separate sheet)			
(1) Name _____		Home Phone No. _____	SOCIAL SECURITY NO. _____
Home Address (not P.O. Box) Street Address _____		City _____	State Zip _____
(2) Name _____		Home Phone No. _____	SOCIAL SECURITY NO. _____
Home Address (not P.O. Box) Street Address _____		City _____	State Zip _____
(3) Name _____		Home Phone No. _____	SOCIAL SECURITY NO. _____
Home Address (not P.O. Box) Street Address _____		City _____	State Zip _____
10. Using the BUSINESS ACTIVITY CODE listing, enter the code number that best describes your type of business. _____		11. Do you operate more than one business location in ANDERSON COUNTY & TENNESSEE <input type="checkbox"/> No <input type="checkbox"/> Yes - How many additional locations? (IF YES ATTACH ADDITIONAL NAMES AND ADDRESSES)	
12. Have you ever had a ANDERSON County Business Tax License prior to now? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES give the name and address of your last business. Name _____ Address _____ Zip _____		13. REASON FOR FILING THIS APPLICATION: <input type="checkbox"/> Starting a new business <input type="checkbox"/> Change in corporate structure <input type="checkbox"/> Change in the ownership of, or the purchase of an existing business. Enter the name and City License Number of the business you are purchasing. Name _____ License No. _____	

* Minimum Tax Payment \$ _____

* Penalty - Minimum \$15.00 \$ _____

* Interest (7.25% per annum from the due date until paid) \$ _____

* Registration Fee \$ _____

* Total payment due, MAKE CHECK IN THIS AMOUNT \$ _____

14. THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.
 (This application must be signed by the individual/owner, or by a partner, or by an officer of the corporation.)

By _____ Signature of owner, partner, or corporation officer (do not print signature) Title _____ Date _____

NOTICE - The Eighty-Seventh General Assembly of the State of Tennessee enacted effective June 1, 1971, Public Chapter 387, known as the "BUSINESS TAX ACT" which, in effect, imposes a tax on the privilege of conducting various businesses within this state. Each person subject to this tax is required by law to usually an initial minimum tax of \$15.00 which payment may be credited against subsequent payments of tax required to be paid annually upon a gross receipt basis.

