



APPLICATION FOR BUSINESS TAX LICENSE

Mail to: CITY OF COOKEVILLE Business License PO Box 998 Cookeville TN 38503-0998 (931) 520-5250 or 520-5251 Located at: 45 E Broad Street

DEPARTMENT USE ONLY REV 01-14 Date written Account Number License Number Classification Reg Min Zoning Confirmation

OPENING DATE OF BUSINESS AT THIS LOCATION:

REASON FOR APPLYING: New business Change in corporate structure Change in ownership Purchase of an existing business

EXACT BUSINESS NAME AND LOCATION

Name (Give trade name at this location) Address and street name (Do not use P.O. Box) City State Zip Business Phone Number Business FAX Number (Include Area Code)

BUSINESS MAILING ADDRESS

Name (Enter corporate if applicable) Address and street name or P.O. Box City State Zip County in which business is located Is business located inside a Tennessee City? NO YES (If YES, name of city)

Federal Employers Identification Number Applied for Not required

Current Tennessee State Sales Tax Number for this business location: Applied for Not required

Type of Ownership: Individual Partnership Husband/wife LP LLP General Partnership Limited Liability Company Other Corporation TN Secretary of State Control Number

Entity name and filing date: Fiscal Year End Month:

Describe the business activity at this location, stating the major products sold and/or services rendered:

Identify owners, officers and/or partners below. (If additional space is necessary, use reverse or attach on separate sheet.)

(1) Name Address and street name (Do not use P.O. Box) City State Zip

Home Phone #: Cell Phone #: Social Security #:

Member Officer Partner Owner - Individual Owner - Company

Contact Person's Name Contact E-Mail Address

(2) Name Address and street name (Do not use P.O. Box) City State Zip

Home Phone #: Cell Phone #: Social Security #:

Member Officer Partner Owner - Individual Owner - Company

The business is: Retail Wholesale Service

Do you own or operate any other business in the City of Cookeville or Tennessee? No Yes (If yes, please list name and location.)

TOTAL PAYMENT DUE..... MAKE CHECK PAYABLE TO: CITY OF COOKEVILLE.....\$ 15.00

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 OR LLC. THE SIGNATORY MUST ALSO BE A LISTED OFFICER, PARTNER OR OWNER.)

SIGNATURE TITLE DATE