## Mail to: CITY OF COOKEVILLE Business License

P.O. Box 998 Cookeville, TN. 38503-0998 (931) 520-5250 or 520-5251 - FAX: (931) 526-4897

Located at: 45 E. Broad Street

DEPARTMENT USE ONLY RV 06-10

Date \_\_\_\_\_

Zoning\_

COEKEVILLE TENNESSEE

CITY\_ OF

BUSINESS TAX CHANGE FORM

EFFECTIVE DATE OF CHANGE:	CITY BUSINESS TAX ACCOUNT #:		STATE BUSINESS TAX ACCOUNT #:	
FEIN /SSN:	SALES TAX #:		CLASSIFICATION:	NEW CLASSIFICATION:
PREVIOUS NAME AND LOCATION		<u>NEW</u> NAME AND LOCATION		
Name (Give trade name at this location)		Name (Give trade name at this location)		
Address and street name (Do not use P.O. Box)		Address and street name (Do not use P.O. Box)		
City State	Zip	City	State	Zip
Business Phone Number		Business Phone Number		
Business FAX Number (Include Area Code)		Business FAX Number (Include Area Code) E-mail Address		
<u>PREVIOUS</u> MAILING ADDRESS		<u>NEW</u> MAILING ADDRESS		
Address and street name or P.O. Box		Address and street name or P.O. Box		
City State	Zip	City	State	Zip
Describe the business activity at this location, stating the major products sold and/or services rendered:				
County in which business is located:		Is business located inside a Tennessee City Limits?  (If yes, Name of City)  No  Yes		
Previous Ownership Type: Proprietorship Limited Liability Corporation Corporation Other Other New ownership New ow				
Identify all owners, officers and/or partners below. (If additional space is necessary, use reverse or attach on separate sheet.)				
(1)		Home Phone #:		
Address and street name (Do not use P.O. Box	x)	Cell Phone #:		
City State	Zip	Social Security #:		
□ Member □ Owner □ Officer □ Partner     Contact Person's Name:				
(2)Name		Contact E-Mail Address:		
Address and street name (Do not use P.O. Box	x)	Home Phone #:		
City State	Zip	Cell Phone #:		
☐ Member ☐ Owner ☐ Officer ☐ Partner		Social Security #		
THE STATEMENTS MADE ON THIS FORM ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (THIS FORM 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	TITL	.E	DATE	