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 _____

CITY OF COOKEVILLE TENNESSEE

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

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)

NEW 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) E-mail Address

PREVIOUS MAILING ADDRESS

Address and street name or P.O. Box

City State Zip

NEW MAILING ADDRESS

Address and street name or P.O. Box

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? ☐ No
(If yes, Name of City) ☐ Yes

Previous Ownership Type: ☐ Proprietorship ☐ Partnership ☐ Limited Liability Corporation ☐ Husband / wife ownership ☐ Corporation ☐ Other _____

New ownership type: _____

Identify all 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

☐ Member ☐ Owner ☐ Officer ☐ Partner

Home Phone #: ☐☐☐ ☐☐☐ ☐☐☐☐

Cell Phone #: ☐☐☐ ☐☐☐ ☐☐☐☐

Social Security #: ☐☐☐ ☐☐ ☐☐☐☐

Contact Person's Name:

Contact E-Mail Address:

(2)_____
Name

Address and street name (Do not use P.O. Box)

City State Zip

☐ Member ☐ Owner ☐ Officer ☐ Partner

Home Phone #: ☐☐☐ ☐☐☐ ☐☐☐☐

Cell Phone #: ☐☐☐ ☐☐☐ ☐☐☐☐

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 _____ TITLE _____ DATE _____