

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 \_\_\_\_\_



**BUSINESS TAX CHANGE FORM**

<b>EFFECTIVE DATE OF CHANGE:</b>	<b>CITY BUSINESS TAX ACCOUNT #:</b>	<b>STATE BUSINESS TAX ACCOUNT #:</b>	
<b>FEIN /SSN:</b>	<b>SALES TAX #:</b>	<b>CLASSIFICATION:</b>	<b>NEW CLASSIFICATION:</b>

<b>PREVIOUS NAME AND LOCATION</b> 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) _____	<b>NEW NAME AND LOCATION</b> 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 _____
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<b>PREVIOUS MAILING ADDRESS</b> Address and street name or P.O. Box _____ City _____ State _____ Zip _____	<b>NEW MAILING ADDRESS</b> Address and street name or P.O. Box _____ City _____ State _____ Zip _____
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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) <input type="checkbox"/> No <input type="checkbox"/> Yes
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Previous Ownership Type: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Husband / wife ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____	New ownership type: _____
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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 _____ <input type="checkbox"/> Member <input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Partner	Home Phone #: _____ Cell Phone #: _____ Social Security #: _____
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(2) Name _____ Address and street name (Do not use P.O. Box) _____ City _____ State _____ Zip _____ <input type="checkbox"/> Member <input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Partner	Contact Person's Name: _____ Contact E-Mail Address: _____ Home Phone #: _____ Cell Phone #: _____ Social Security #: _____
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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
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