



APPLICATION FOR BUSINESS TAX LICENSE

ALL QUESTIONS MUST BE ANSWERED COMPLETELY. INCOMPLETE AND UNSIGNED APPLICATIONS WILL DELAY PROCESSING. FOR ASSISTANCE, PLEASE CONTACT YOUR LOCAL COUNTY CLERK OR DESIGNATED CITY OFFICIAL.

1. INDICATE THE CLASSIFICATION IN WHICH YOU ARE REGISTERING. CLASSIFICATION IS DETERMINED BY THE DOMINANT BUSINESS ACTIVITY. INDICATE ONLY ONE CLASSIFICATION.

- Classification 1A Classification 1C Classification 1E Classification 3 Classification 5
- Classification 1B Classification 1D Classification 2 Classification 4 Minimal Activity License
(Under \$10,000 Annual Gross Receipts)

Fiscal Year
Ending Month

2. REASON FOR APPLYING:

- 1. New business 2. Additional location 3. Purchase of existing business

3. DATE BUSINESS BEGAN IN TENNESSEE AT THIS LOCATION:

4. BUSINESS NAME AND EXACT LOCATION

5. BUSINESS MAILING ADDRESS

BUSINESS NAME

NAME (ENTER LEGAL NAME, IF DIFFERENT)

STREET OR HIGHWAY (DO NOT USE P.O. BOX NUMBER OR RURAL ROUTE NUMBER)

P.O. BOX, STREET, ROUTE, OR HIGHWAY

APARTMENT OR SUITE NUMBER (DO NOT ENTER P.O. BOX OR RURAL ROUTE NUMBER)

APARTMENT OR SUITE NUMBER

CITY STATE ZIP CODE

CITY STATE ZIP CODE

6. COUNTY IN WHICH BUSINESS IS LOCATED

7. BUSINESS TELEPHONE NUMBER

8. CONTACT PERSON'S NAME

IS BUSINESS LOCATED INSIDE A TENNESSEE CITY?

BUSINESS FAX NUMBER

CONTACT E-MAIL ADDRESS

NO YES (If Yes, Name of City)

9. ENTER ENTITY'S FEDERAL EMPLOYER'S IDENTIFICATION #

12 3 4 5 6 7 8 9 0 - 1 2 3 4 5 6 7 8 9 0

- APPLIED FOR
- NOT REQUIRED

10. CURRENT SALES TAX NUMBER FOR THIS BUSINESS LOCATION

12 3 4 5 6 7 8 9 0 - 1 2 3 4 5 6 7 8 9 0

- APPLIED FOR
- NOT REQUIRED

11. TYPE OF OWNERSHIP (SELECT ONE):

- INDIVIDUAL JOINT (COUPLE) CORPORATION - SUB S LP
- GEN PARTNERSHIP CORPORATION LLC LLP FINANCIAL INST

12. TN SECRETARY OF STATE ID #, IF APPLICABLE

13. DESCRIBE THE BUSINESS ACTIVITY AT THIS LOCATION, STATING THE MAJOR PRODUCTS AND/OR SERVICES SOLD:

14. IDENTIFY OFFICERS, PARTNERS, OR INDIVIDUAL OR COMPANY OWNERS (SEE INSTRUCTIONS)

(1) NAME

HOME TELEPHONE#

SOCIAL SECURITY # OWNER'S FEDERAL EIN

HOME ADDRESS (DO NOT USE P.O. BOX #)

CITY

STATE

ZIP CODE

- Member Officer Partner Owner - Individual Owner - Company Shareholder

(2) NAME

HOME TELEPHONE#

SOCIAL SECURITY # OWNER'S FEDERAL EIN

HOME ADDRESS (DO NOT USE P.O. BOX #)

CITY

STATE

ZIP CODE

- Member Officer Partner Owner - Individual Owner - Company Shareholder

15. 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. THE SIGNATORY MUST ALSO BE LISTED IN ITEM 14.)

FOR OFFICIAL USE ONLY

SIGN
HERE:

SIGNATURE of PERSON IDENTIFIED IN ITEM 14 (DO NOT PRINT OR USE STAMP)

TITLE

DATE

CITY OF GALLATIN
Connie Kittrell, City Recorder
132 West Main Street
Gallatin, TN 37066
Phone: (615) 451-5893 Fax: (615) 451-5916

PLANNING/ZONING AND CODES DEPARTMENT INFORMATION FORM

Please check with the Planning and Codes Departments before opening your new business, or relocating an existing business. This is to ensure that your business has the proper zoning and is a permitted use for its location. The Planning Department is located in Room 201 of Gallatin City Hall.

CONTACT NAME : _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS Phone: _____ BUSINESS E-MAIL: _____

TYPE OF BUSINESS AT THIS LOCATION:

RETAIL SALE OF: _____

WHOLESALE SALE OF: _____

SERVICE: _____

SIGNATURE: _____ PRINT NAME: _____

TAX MAP#: _____ ZONING DIST: _____ USE CLASSIFICATION: _____

STAFF COMMENTS: _____

STAFF SIGNATURE: _____ DATE: _____

CODES DEPARTMENT COMMENTS

The Codes Department is located in Room 202 of Gallatin City Hall.

STAFF COMMENTS: _____

STAFF SIGNATURE: _____ DATE: _____