



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.

Fiscal Year Ending Month

- Classification 1A Classification 1C Classification 1E Classification 3 Classification 5
- Classification 1B Classification 1D Classification 2 Classification 4 Minimal Activity License

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 _____

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

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

CITY _____ STATE _____ ZIP CODE _____

NAME (ENTER LEGAL NAME, IF DIFFERENT) _____

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

APARTMENT OR SUITE NUMBER _____

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?

- NO YES

(If Yes, Name of City) _____

BUSINESS FAX NUMBER

CONTACT E-MAIL ADDRESS

9. ENTER FEDERAL EMPLOYER'S IDENTIFICATION #

--	--	--	--	--	--	--	--	--	--	--	--

- APPLIED FOR
- NOT REQUIRED

10. CURRENT SALES TAX NUMBER FOR THIS BUSINESS LOCATION

--	--	--	--	--	--	--	--	--	--	--	--

- APPLIED FOR
- NOT REQUIRED

11. TYPE OF OWNERSHIP (SELECT ONE):

- INDIVIDUAL JOINT (COUPLE) CORPORATION - SUBS 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

(1) NAME	HOME TELEPHONE#	<input type="checkbox"/> SOCIAL SECURITY#	<input type="checkbox"/> 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#	<input type="checkbox"/> SOCIAL SECURITY#	<input type="checkbox"/> 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) 451-589 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: _____