



# APPLICATION FOR BUSINESS TAX LICENSE

Date

Receipt #

License #

ALL QUESTIONS MUST BE ANSWERED COMPLETELY. INCOMPLETE AND UNSIGNED APPLICATIONS WILL DELAY PROCESSING. FOR ASSISTANCE, PLEASE CONTACT THIS OFFICE AT (901) 222-3059.

### 1. FOR OFFICE USE ONLY

Classification 1A Classification 1C Classification 2 Classification 4  
Classification 1B Classification 1D Classification 3 Classification 5

### 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

BUSINESS NAME

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

CITY STATE ZIP CODE

### 5. BUSINESS MAILING ADDRESS

NAME (ENTER LEGAL NAME, IF DIFFERENT)

P. O. BOX, STREET, ROUTE OR HIGHWAY

CITY STATE ZIP CODE

6. Shelby County License Fee \$15.00

City of Memphis License Fee \$15.00

Total Due

### 7. BUSINESS TELEPHONE NUMBER

( )

BUSINESS FAX NUMBER

( )

### 8. CONTACT PERSON'S NAME

CONTACT E-MAIL ADDRESS

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

Grid for Federal Employer's Identification Number

APPLIED FOR  
 NOT REQUIRED

### 10. CURRENT SALES TAX NUMBER FOR THIS BUSINESS LOCATION

Grid for Current Sales Tax Number

APPLIED FOR  
 NOT REQUIRED

### 11. TYPE OF OWNERSHIP (SELECT ONE)

PROPRIETORSHIP  HUSBAND/WIFE OWNERSHIP  OTHER  
 PARTNERSHIP  CORPORATION  LIMITED LIABILITY COMPANY

### 12. TENNESSEE SECRETARY OF STATE IDENTIFICATION #, 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 (PHOTO ID REQUIRED)

Form for Officer/Partner/Owner (1): NAME, HOME TELEPHONE, SOCIAL SECURITY #, FEDERAL EIN, HOME ADDRESS, CITY, STATE, ZIP CODE

Member  Officer  Partner  Owner - Individual  Owner - Company

Form for Officer/Partner/Owner (2): NAME, HOME TELEPHONE, SOCIAL SECURITY #, FEDERAL EIN, HOME ADDRESS, CITY, STATE, ZIP CODE

Member  Officer  Partner  Owner - Individual  Owner - Company

### 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.)

SIGN HERE: SIGNATURE of OWNER, PARTNER, or OFFICER (DO NOT PRINT OR USE STAMP)

TITLE DATE

Make check payable to "SHELBY COUNTY CLERK"

Mail To: Shelby County Clerk  
150 Washington Ave, Ste 200  
Memphis TN 38103

For assistance call (901) 222-3059