

MAIL RETURNS AND REMITTANCES TO:
JEFFERSON COUNTY CLERK
PO BOX 710
DANDRIDGE, TN 37725-0710

This application along with proper remittance must be received within 20 days of commencement of business. If later, penalty and interest will apply.

For Use By County Clerk Only
Date Received _____
Account Number _____
License Number _____
Classification _____

APPLICATION FOR BUSINESS TAX LICENSE

BUSINESS LOCATION:

MAILING ADDRESS:

(ADVERTISED BUSINESS NAME)

(PHYSICAL STREET ADDRESS)

(CITY, STATE, ZIP CODE)

(BUSINESS PHONE NUMBER)

(NAME)

(ADDRESS)

(CITY, STATE, ZIP CODE)

OWNER, OWNERS, OR CORPORATE OFFICERS

(IF MORE THAN THREE ATTACH A SEPARATE LIST)

NAME (full name)	ADDRESS	PHONE	SSN/EIN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TYPE OF BUSINESS

IS YOUR BUSINESS..... SALES SERVICE CONSTRUCTION
IS YOUR BUSINESS..... WHOLESALE RETAIL BOTH

PLEASE GIVE A BRIEF DESCRIPTION OF YOU BUSINESS ACTIVITIES:

DID YOU PURCHASE AN EXISTING BUSINESS? (YES) (NO)

IF YES, GIVE OWNER'S NAME AND BUSINESS NAME:

DO YOU HAVE A SALES TAX NUMBER? (YES) (NO) TAX NUMBER _____

Minimum Tax Payment\$ 15.00
Recording Fee\$ 7.00
Total Fee\$ 22.00

AFFIDAVIT:

I _____ affirm that I have read the contents of the Business License Information sheet. Furthermore, I understand that I am responsible for filing a tax return by each due date or earlier if the business ceases operation.

(Business Owner/CEO/President signature)

(Date)

ENTIRE FORM MUST BE COMPLETED!!!