



APPLICATION FOR BUSINESS TAX LICENSE

Knox County Clerk

P.O. Box 1566 Knoxville, TN 37901

(865) 215-2392 www.knoxcounty.org/clerk Hours: Monday – Friday 8-4:30

TOTAL APPLICATION FEE: Payable to "Knox County Clerk" \$15.00

FOR OFFICE USE ONLY	
Local Account Number	
Business License Number	

1. WHAT TYPE OF LICENSE ARE YOU APPLYING FOR	Standard Minimal Activity	Fiscal Year End:
2. REASON FOR APPLYING	NEW Business ADDITIONAL Location PURCHASE of Existing Business	
3. DATE BUSINESS BEGAN AT THIS LOCATION	(MM/DD/YYYY Format)	
4. TYPE OF OWNERSHIP	Proprietorship Marital Joint Ownership (other spouse's SSN _____) Corporation Partnership Single Member LLC Multi-Member LLC Estate or Trust	

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

FOR OFFICE USE ONLY	CLASSIFICATION:	1A	1B	1C	1D	1E	2	3	4
6. CONTACT PERSON'S INFORMATION	Name	Email							
7. STATE BUSINESS TAX ACCOUNT NUMBER									
TENNESSEE SECRETARY OF STATE ID NUMBER									
SALES TAX NUMBER FOR THIS LOCATION									
FEDERAL EMPLOYER IDENTIFICATION NUMBER									

8. BUSINESS MAILING ADDRESS	BUSINESS NAME AND EXACT LOCATION
Name (Legal Name, If Different)	Business Name
P.O. Box, Street, Route, Hwy	Street or Hwy (Do Not Use P.O. Box, UPS Store box, or similar box)
Apartment or Suite Number	Apartment or Suite Number
City State Zip Code	City State Zip Code
Business Phone Number, Including Area Code	Business Fax Number, Including Area Code

COUNTY IN WHICH BUSINESS IS LOCATED		IS BUSINESS LOCATED IN CITY LIMIT?	YES	NO	Name of City
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9. IDENTIFY OFFICERS, PARTNERS, OR INDIVIDUAL OR COMPANY OWNERS. ATTACH ADDITIONAL SHEET(S) IF NECESSARY					
Name (First, Middle Initial, Last)	Home Telephone	Social Security Number	FEIN	ITIN	
Street Address (Do Not Use P.O. Box)	City	State	Zip Code		
Email Address					
Name (First, Middle Initial, Last)	Home Telephone	Social Security Number	FEIN	ITIN	
Street Address (Do Not Use P.O. Box)	City	State	Zip Code		
Email Address					

THE STATEMENTS MADE IN 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 be listed in Number 9.

Signature of Owner, Partner, or Officer (Do Not Print or Use Stamp)	Title	Date
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Diversity Information

- | | | |
|--|--|----------------------------------|
| Asian Female | Asian Male | Black or African Female |
| Black or African Male | Caucasian Female | Caucasian Male |
| Disabled Female | Disabled Male | Hispanic or Latino Male |
| Hispanic or Latino Female | American Indian or Alaska Native | American Indian or Alaska Native |
| | Female | Male |
| Native Hawaiian or other Pacific Islander Female | Native Hawaiian or other Pacific Islander Male | Not Applicable |

By checking this box I wish to opt out of the collection of diversity information

Veteran Status

- | | |
|---------|--------------------------|
| Veteran | Service-Disabled Veteran |
|---------|--------------------------|

By checking this box I wish to opt out of the collection of veteran status information

APPLICATION FOR KNOX COUNTY BUSINESS TAX LICENSE INSTRUCTIONS



1. Select between a Standard Business License, gross \$100,000 or more annually, or a Minimal Activity License, gross between \$3000 and \$99,999.99.
2. Select the reason for which the application is being filed: new business, additional location, or the purchase of an existing business.
3. Enter the date which the business began or will begin conducting business activities at the location for which registration is being made.
4. Select the legal structure type of the business being registered.
5. Enter a description of the business activities being performed by the business at the location being registered. Indicate the main products or services sold at this business location. **Please be as detailed as possible.**
6. Enter the name of a contact person for the business being registered. Enter the contact person's email address.
7. If the business being registered has been issued a State Business Tax Account Number from the Tennessee Department of Revenue, enter this number. Enter the Tennessee Secretary of State Identification number of the business being registered, if applicable. If the business being registered currently has a sales and use tax account with the Tennessee Department of Revenue, enter this number. If the business has applied for but not received a sales and use tax account number, so indicate. If no number is required, so indicate. Enter the Federal Employer's Identification Number (FEIN) of the business being registered. If no FEIN is required, so indicate.
8. Enter the mailing address of the business being registered. Enter the legal name (if different from location name) street address or post office box number, apartment or suite number if applicable, city, state, and zip code. Enter the name and exact location address of the business being registered. Include the business name, street address, apartment or suite number, city state, and zip code. **Post office boxes or UPS boxes cannot be used for the location address.** Enter the name of the county in which the business is located. Indicate whether the business is located within the limits of a city in the county. If located in a city, enter the name of the city. NOTE: A business located within the limits of a city may have a business tax obligation for both the county and the city. If so, the business must obtain a business license from both the county and the city. Enter the business telephone number and business fax number, if applicable.
9. Enter the names, home addresses, and home telephone numbers of two owners, officers, or partners in the business being registered. If the owner is an individual, enter the owner's social security number and check the appropriate box. If the owner is a business entity, enter the owner's FEIN and check the appropriate box. Finally, check the box to indicate whether the person is an individual or business entity owner, partner, officer, or member. This information is critical. It will allow us to identify persons with whom we may discuss the business tax account when needed.
10. The application must be signed by an individual owner, partner, or officer of the business being registered. The person who signs the application must be listed in Item 9 on the application form. Indicate the title of the person signing the application (i.e., owner, partner, officer) and the date on which the application is signed.
11. Diversity Information Section: Please select the best option. If you do not wish to provide this information simply check the box to opt out.
12. Veteran Status: Please select the best option. If you do not wish to provide this information simply check the box to opt out.

Questions? Please call (865) 215-2392 Monday – Friday 8:00am to 4:30pm EST