

APPLICATION FOR BUSINESS TAX LICENSE Knox County Clerk

P.O. Box 1566 Knoxville, TN 37901

(865) 215-2392 <u>www.knoxcounty.org/clerk</u> Hours: Monday – Friday 8-4:30 **TOTAL APPLICATION FEE: Payable to "Knox County Clerk"......**

FOR OFFICE USE ONLY				
Local Account Number				
Business License Number				

	TOTAL APPLICATION FEE: Payable to	o "Knox Co	untv Clerk"	\$15.00	
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 THISLOCATION	(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, ST			ES SOLD:	
	FOR OFFICE USE ONLY	CLASSIFICATION: 1A 1B 1C 1D 1E 2 3 4			
6.	CONTACT PERSON'S INFORMATION	CLASSIFICATION: L1A L1B L1C L1D L1E L2 L3 L4 Name Email			
7.	STATE BUSINESS TAX ACCOUNT NUMBER				
7.	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	
Nan	ne (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)	
Apa	rtment or Suite Number		Apartment or Suite Number		
City	State Zip Code		City	State Zip Code	
Bus	iness Phone Number, Including Area Code		Business Fax Number, Including	Area Code	
	Name of City				
COUNTY IN WHICH BUSINESS IS LOCATED IS BUSINESS LOCATED IN CITY LIMIT?					
9. Nan	identify Officers, Partners, Or Individual Or COM ne (First, Middle Initial, Last)	Home Tele		Social Security Number FEIN ITIN	
	Social Security Number LIFEIN LITI			Social Security Number FEIN FIIN	
Stre	et Address (Do Not Use P.O. Box)	City	State Zip	Code	
Ema	iil Address	Membe	er 🗌 Officer 🔲 Partner 🔲 🕻	Owner – Individual Owner - Company	
Name (First, Middle Initial, Last)		Home Tele	Home Telephone Social Security Number FEIN ITIN		
Street Address (Do Not Use P.O. Box)		City	State Zip Code		
Ema	il Address	Membe	er Officer Partner O	Owner – Individual Owner - Company	
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.					
Si	gnature of Owner, Partner, or Officer (Do Not Print or Use	Stamp)	Title	Date	
	□ Black or African Male □ Disabled Female □ Hispanic or Latino Female □ Native Hawaiian or other Pacific □ Islander Female	Asian Male Caucasian F Disabled Ma American In Female Native Haw Islander Ma	emale	Black or African Female Caucasian Male Hispanic or Latino Male American Indian or Alaska Native Male Iot 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				
	= 1, 5				

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 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.