



**Davidson County Clerk  
Business Tax Division**

**SHADED AREAS ARE  
FOR OFFICE USE ONLY**

APPLICATION FOR  
BUSINESS TAX LICENSE

or

MINIMAL ACTIVITY LICENSE\*   
(\*under \$100,000 annual gross receipts)

**FOR OFFICE USE ONLY**

Date \_\_\_\_\_

Receipt # \_\_\_\_\_

Business # \_\_\_\_\_

ALL QUESTIONS MUST BE ANSWERED COMPLETELY. INCOMPLETE AND UNSIGNED APPLICATIONS WILL DELAY PROCESSING. FOR ASSISTANCE, PLEASE CONTACT THIS OFFICE AT (615) 862-6254.

**FOR OFFICE USE ONLY:**

\_\_\_\_ CLASSIFICATION 1A    \_\_\_\_ CLASSIFICATION 1C    \_\_\_\_ CLASSIFICATION 2  
\_\_\_\_ CLASSIFICATION 1B    \_\_\_\_ CLASSIFICATION 1D    \_\_\_\_ CLASSIFICATION 3  
\_\_\_\_ CLASSIFICATION 1E    \_\_\_\_ CLASSIFICATION 4

1. SELECT THE MONTH YOUR TAX YEAR WILL END. FOR EXAMPLE, APRIL 1<sup>ST</sup> – MARCH 31<sup>ST</sup>, YEAR ENDS MARCH. PLEASE CIRCLE YOUR TAX YEAR END.

JAN FEB MARCH APRIL MAY JUNE  
JULY AUG SEPT OCT NOV DEC

**2. REASON FOR APPLYING:**

1. New Business     2. Additional Location     3. Purchase of Existing Business

3. STARTING DATE OF YOUR BUSINESS AT THIS LOCATION: \_\_\_\_\_

**4. BUSINESS NAME AND EXACT LOCATION**

BUSINESS NAME

STREET, HIGHWAY (**DO NOT USE** P.O. BOX #, RURAL ROUTE # OR VIRTUAL ADDRESS)

CITY STATE ZIP CODE

**5. BUSINESS MAILING ADDRESS**

NAME (ENTER LEGAL NAME, IF DIFFERENT)

P.O. BOX, STREET, ROUTE, HIGHWAY OR VIRTUAL ADDRESS

CITY STATE ZIP CODE

**6. COUNTY IN WHICH BUSINESS IS LOCATED (for office use only)**

\_\_\_\_\_ County License Fee \$15.00

IS BUSINESS LOCATED INSIDE A TENNESSEE CITY LIMIT?

NO     YES

If yes, write Name of City and add City License Fee \$15.00

TOTAL: \$ \_\_\_\_\_

**7. BUSINESS PHONE NUMBER**

( ) \_\_\_\_\_

**8. CONTACT PERSON'S NAME**

**9. CONTACT PERSON'S EMAIL ADDRESS**

**10. ENTER FEDERAL EMPLOYER'S IDENTIFICATION #**

-

**11. TYPE OF OWNERSHIP (SELECT ONE):**

SOLE OWNER     HUSBAND/WIFE     PARTNERSHIP     LIMITED PARTNERSHIP     LLP  
 SINGLE MEMBER LLC     MULTI MEMBER LLC     CORPORATION

**12. PLEASE ENTER TENNESSEE SECRETARY OF STATE CONTROL NUMBER BELOW (SOS NUMBER):**

**13. DESCRIBE THE BUSINESS ACTIVITY, STATING THE MAJOR PRODUCTS SOLD AND/OR SERVICES:**

**14. IDENTIFY OFFICERS, PARTNERS, OR SOLE OWNER OR COMPANY OWNERS:**

(1) NAME	TELEPHONE NUMBER:	SOCIAL SECURITY NUMBER or ITIN (W7):         -
HOME ADDRESS (DO NOT USE P.O. BOX #)	CITY	STATE ZIP CODE

MEMBER (LLC)     OFFICER (CORP)     PARTNER     OWNER – SOLE INDIVIDUAL/PROPRIETOR/OWNER     OWNER – COMPANY WITH DIFFERENT FEIN

(2) NAME	TELEPHONE NUMBER:	SOCIAL SECURITY NUMBER or ITIN (W7):         -
HOME ADDRESS (DO NOT USE P.O. BOX #)	CITY	STATE ZIP CODE

MEMBER (LLC)     OFFICER (CORP)     PARTNER     OWNER – SOLE INDIVIDUAL/PROPRIETOR/OWNER     OWNER – COMPANY WITH DIFFERENT FEIN

**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 AND INCLUDE PHOTOCOPY OF DRIVER'S LICENSE. 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

SIGN

HERE: \_\_\_\_\_  
SIGNATURE of 2<sup>ND</sup> OWNER, PARTNER, or OFFICER (DO NOT PRINT or USE STAMP)

TITLE

DATE

Make remittance check payable to "Davidson County Clerk"

Please call (615) 862-6254 with questions.

VISIT US AT: Davidson County Clerk  
700 PRES. RONALD REAGAN WAY, NASHVILLE, TN 37210  
MAIL TO: Davidson County Clerk  
P.O. Box 196333, NASHVILLE, TN 37219-6333