



APPLICATION FOR BUSINESS TAX LICENSE

ALL QUESTIONS MUST BE ANSWERED COMPLETELY. INCOMPLETE AND UNSIGNED APPLICATIONS WILL DELAY PROCESSING. FOR ASSISTANCE, PLEASE CONTACT YOUR LOCAL COUNTY CLERK OR DESIGNATED CITY OFFICIAL.

1. INDICATE THE CLASSIFICATION IN WHICH YOU ARE REGISTERING. CLASSIFICATION IS DETERMINED BY THE DOMINANT BUSINESS ACTIVITY. INDICATE ONLY ONE CLASSIFICATION.

Fiscal Year Ending Month

- Classification 1A
- Classification 1B
- Classification 1C
- Classification 1D
- Classification 1E
- Classification 2
- Classification 3
- Classification 4
- Classification 5
- Minimal Activity License (Under \$10,000 Annual Gross Receipts)

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

5. BUSINESS MAILING ADDRESS

BUSINESS NAME			NAME (ENTER LEGAL NAME, IF DIFFERENT)		
STREET OR HIGHWAY (DO NOT USE P.O. BOX NUMBER OR RURAL ROUTE NUMBER)			P.O. BOX, STREET, ROUTE, OR HIGHWAY		
APARTMENT OR SUITE NUMBER (DO NOT ENTER P.O. BOX OR RURAL ROUTE NUMBER)			APARTMENT OR SUITE NUMBER		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

6. COUNTY IN WHICH BUSINESS IS LOCATED

7. BUSINESS TELEPHONE NUMBER

8. CONTACT PERSON'S NAME

_____ IS BUSINESS LOCATED INSIDE A TENNESSEE CITY? <input type="checkbox"/> NO <input type="checkbox"/> YES _____ (If Yes, Name of City)	() _____ BUSINESS FAX NUMBER () _____	_____ CONTACT E-MAIL ADDRESS _____
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9. ENTER ENTITY'S FEDERAL EMPLOYER'S IDENTIFICATION #

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- APPLIED FOR
- NOT REQUIRED

10. CURRENT SALES TAX NUMBER FOR THIS BUSINESS LOCATION

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- APPLIED FOR
- NOT REQUIRED

11. TYPE OF OWNERSHIP (SELECT ONE):

- INDIVIDUAL
- JOINT (COUPLE)
- CORPORATION - SUB S
- LP
- GEN PARTNERSHIP
- CORPORATION
- LLC
- LLP
- FINANCIAL INST

12. TN SECRETARY OF STATE ID #, 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 (SEE INSTRUCTIONS)

(1) NAME	HOME TELEPHONE #	<input type="checkbox"/> SOCIAL SECURITY #	<input type="checkbox"/> OWNER'S FEDERAL EIN
HOME ADDRESS (DO NOT USE P.O. BOX #)	CITY	STATE	ZIP CODE
<input type="checkbox"/> Member <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Owner - Individual <input type="checkbox"/> Owner - Company <input type="checkbox"/> Shareholder			

(2) NAME	HOME TELEPHONE #	<input type="checkbox"/> SOCIAL SECURITY #	<input type="checkbox"/> OWNER'S FEDERAL EIN
HOME ADDRESS (DO NOT USE P.O. BOX #)	CITY	STATE	ZIP CODE
<input type="checkbox"/> Member <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Owner - Individual <input type="checkbox"/> Owner - Company <input type="checkbox"/> Shareholder			

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.)

FOR OFFICIAL USE ONLY

SIGN HERE: _____
SIGNATURE of PERSON IDENTIFIED IN ITEM 14 (DO NOT PRINT OR USE STAMP)

TITLE

DATE

APPLICATION FOR BUSINESS TAX LICENSE INSTRUCTIONS

1. Select the classification under which your dominant business activity falls. “Dominant business activity” means the business activity that is the major and principal source of taxable gross sales of the business. If you need assistance in determining the appropriate business tax classification, please ask your county clerk or the designated city business tax official. You may also wish to refer to the document “Determining Your Business Tax Classification,” which is available at tn.gov/revenue. Enter the month on which the taxpayer’s fiscal year ends.

Entities having less than \$10,000 in annual gross receipts may either select the option for “Minimal Activity License” or register for a regular business license in the appropriate business classification. Minimal Activity Licenses are valid for only the fiscal year selected. Each year in which the taxpayer will have less than \$10,000 in annual gross receipts, a new Minimal Activity License must be obtained.

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 on which the applicant began or will begin conducting business activities at the location for which registration is being made.
4. Enter the name and exact location address of the business being registered. Include the business name, street address, city, state, and zip code.
5. 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, city, state, and zip code. **If the legal name and mailing address are identical to the information in Item 4, leave Item 5 blank.**
6. 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 the business is located within the limits of 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.**
7. Enter the telephone number and, if applicable, the fax number of the business being registered.
8. Enter the name of a contact person for the business being registered. Enter the contact person’s email address.
9. Enter the Federal Employer’s Identification Number (FEIN) of the business being registered. If the business has applied for but not received an FEIN, so indicate. If no FEIN is required, so indicate.
10. If the business being registered currently has a sales and use tax account with the Tennessee Department of Revenue, enter the sales and use tax account number. If the business has applied for but not received a sales and use tax account number, so indicate. If no sales or use tax account number is required, so indicate.
11. Select the legal structure type of the business being registered.
12. Enter the Tennessee Secretary of State identification number of the business being registered, if applicable.
13. Enter a description of the business activities being performed by the business at the location being registered. Indicate the main products and services sold at this business location. Please be as detailed as possible.
14. 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.
15. 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 14 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.



City of Mt. Juliet, TN

Finance Division . PO Box 679 . Mt. Juliet, TN 37121
615-754-2552

Business License Application

APPLICATION TYPE: New Owner Change Name Change Home Occupation

APPLICANT NAME: _____ APPLICANT TITLE: _____

E-MAIL ADDRESS: _____ PHONE NUMBER: _____

LEGAL BUSINESS NAME: _____

PHYSICAL ADDRESS / LOCATION: _____

PREVIOUS USE OF THIS LOCATION: _____

APPROXIMATE SQUARE FOOTAGE OF BUSINESS USE: _____

IS THE PHYSICAL LOCATION ALSO YOUR RESIDENCE? : _____

For Commercial Business Only:

- Will this Business be located in an existing space? Y___/N___ A New Space? Y___/N___
- Is **construction work of ANY type** proposed prior to the opening of the Business? Y___/N___
- Have the required Building, Plumbing, Mechanical, and Electrical Permits been obtained? Y___/N___
- Is any Signage proposed? Y___/N___ If yes, has a signage plan been approved? Y___/N___

For Home Occupation Only:

- Applicant has read Mt. Juliet Zoning Ordinance Articles 3-105.1(8) and 3-105.2(4) Y___/N___
- Is Business located entirely within dwelling? Y___/N___ An Accessory Building? Y___/N___
- Is Business <25% of the total floor area of the principal structure Y___/N___ <500 Sq Ft? Y___/N___
- Is the structure at the above address your primary residence? Y___/N___
- Will Customers be coming to this property? Y___/N___
- Will you have more than one (1) employee or pupil at this location at one time? Y___/N___
- Will this Business require equipment, vehicles or storage? Y___/N___
 - If equipment, vehicles or storage is required, where will they be stored or parked when not in use: _____

Provide a Description of all Proposed Business Activities (Attach if necessary): _____

PLEASE READ AND INITIAL: The granting of a Business License does not waive the requirement that every business must comply with all city statues and ordinances. Certain business operations may not be possible due to ordinance violations or zoning rules that preclude the activity. It is in the best interest of the proposed business to allow City representatives to advise if each business is in compliance with all ordinances before investing resources into a business enterprise. Applicant: _____ Date: _____

Planning and Zoning Division Determinations: (DO NOT WRITE BELOW THIS LINE.)

Current Zoning: _____ Business Classification: _____

Zoning Administrator: Approved NOT Approved

Building Official: Approved NOT Approved