

**Mail completed application and \$15 to:**

Mary Gaither, Tipton County Clerk  
220 Hwy 51 N, Ste 2  
Covington, TN 38019

**APPLICATION FOR BUSINESS TAX LICENSE**

**Application Fee \$15.00**

**OR APPLY ONLINE:**

www.tncountyclerk.com

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.

<b>1. INDICATE THE CLASSIFICATION IN WHICH YOU ARE REGISTERING. CLASSIFICATION IS DETERMINED BY THE DOMINANT BUSINESS ACTIVITY. INDICATE ONLY ONE CLASSIFICATION.</b> <input type="checkbox"/> Classification 1A <input type="checkbox"/> Classification 1C <input type="checkbox"/> Classification 1E <input type="checkbox"/> Classification 3 <input type="checkbox"/> Classification 5 <input type="checkbox"/> Classification 1B <input type="checkbox"/> Classification 1D <input type="checkbox"/> Classification 2 <input type="checkbox"/> Classification 4 <input type="checkbox"/> Minimal Activity License <small>(Under \$10,000 Annual Gross Receipts)</small>	<b>Fiscal Year Ending Month</b>  
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<b>2. REASON FOR APPLYING:</b> <input type="checkbox"/> 1. New business <input type="checkbox"/> 2. Additional location <input type="checkbox"/> 3. Purchase of existing business	<b>3. DATE BUSINESS BEGAN IN TENNESSEE AT THIS LOCATION:</b>  
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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 USE P.O. BOX NUMBER OR RURAL ROUTE NUMBER)	APARTMENT OR SUITE NUMBER
CITY STATE ZIP CODE	CITY STATE ZIP CODE

<b>6. COUNTY IN WHICH BUSINESS IS LOCATED</b> TIPTON IS BUSINESS LOCATED INSIDE A TENNESSEE CITY? <input type="checkbox"/> NO <input type="checkbox"/> YES <small>(If yes, Name of City)</small>	<b>7. BUSINESS TELEPHONE NUMBER</b> ( ) _____ <b>BUSINESS FAX NUMBER</b> ( ) _____	<b>8. CONTACT PERSON'S NAME</b> _____ <b>CONTACT E-MAIL ADDRESS</b> _____
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<b>9. ENTER ENTITY'S FEDERAL EMPLOYER'S IDENTIFICATION #</b>	<input type="checkbox"/> APPLIED FOR <input type="checkbox"/> NOT REQUIRED	<input type="checkbox"/> APPLIED FOR <input type="checkbox"/> NOT REQUIRED
<b>10. CURRENT SALES TAX NUMBER FOR THIS BUSINESS LOCATION</b>		

<b>11. TYPE OF OWNERSHIP (SELECT ONE):</b> <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> JOINT (COUPLE) <input type="checkbox"/> CORPORATION - SUB S <input type="checkbox"/> LP <input type="checkbox"/> GEN PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> FINANCIAL INST	<b>12. TENNESSEE SECRETARY OF STATE IDENTIFICATION #, IF APPLICABLE</b> _____
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**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			
(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

Member    Officer    Partner    Owner - Individual    Owner - Company    Contact Person    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

Member    Officer    Partner    Owner - Individual    Owner - Company    Contact Person    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.)**

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

\_\_\_\_\_ \_\_\_\_\_  
TITLE DATE

**FOR OFFICIAL USE ONLY**