

Application for New Business Tax License

Business Name and Exact Location	Business Mailing Address
_____ Name (give advertised business name)	_____ Enter Legal Name, If Different
_____ Street Address	_____ Street Address, P.O. Box
_____ City State Zip	_____ City State Zip
_____ Business Phone Number	_____ Home Office Phone Number
_____ Fax Number	_____ Fax Number
_____ Contact Person Phone Number	_____ Contact E-mail

BUSINESS INFORMATION	
Type of Ownership: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Husband/Wife <input type="checkbox"/> Other	
Dominant Product Sold or Service Performed: _____	
Sales Tax Number: _____	FEIN Number: _____
<input type="checkbox"/> New Business	<input type="checkbox"/> Purchase of Existing Business <input type="checkbox"/> Additional Location
Date Business Opens at this Location: _____ Name of Old Business: _____	

OWNERSHIP, OFFICER, MEMBER, OR PARTNER INFORMATION		
_____ Name	_____ Home Phone	_____ Social Security Number
_____ Street Address	_____ City State Zip	
<input type="checkbox"/> Member	<input type="checkbox"/> Officer	<input type="checkbox"/> Partner <input type="checkbox"/> Owner-Individual <input type="checkbox"/> Owner-Company
_____ Name	_____ Home Phone	_____ Social Security Number
_____ Street Address	_____ City State Zip	
<input type="checkbox"/> Member	<input type="checkbox"/> Officer	<input type="checkbox"/> Partner <input type="checkbox"/> Owner-Individual <input type="checkbox"/> Owner-Company

SIGNATURES

\$15.00 Make checks payable to Cheatham County Clerk

Mail to: Cheatham County Clerk
264 South Main Street
Suite 108