THIS APPLICATION ALONG WITH PROPER REMITTANCE MUST BE RECEIVED BY THIS OFFICE WITHIN 20 DAYS OF THE COMMENCEMENT OF YOUR BUSINESS OR THE PENALTY PROVISIONS MENTIONED BELOW WILL APPLY	**CITY OF LAWRENCEBURG** 233 W. GAINES STREET; NBU #4 LAWRENCEBURG, TN 38464 Phone (931) 762-4459 Fax (931) 762-8829	FOR OFFICE USE ONLY Date Received _____ Class_____ Code _____ Account # _____

APPLICATION FOR NEW BUSINESS TAX LICENSE

As Required by Title 67, Chapter 4, Part 7, "Tennessee Code Annotated"

1. Opening Date of Business at this Location: _____

2. EXACT BUSINESS NAME AND LOCATION	3.BUSINESS MAILING ADDRESS
Name (Give trade name at this location)	Name (Enter corporate if applicable)
Street, Highway (Do not use P.O. Box)	Street, Highway, Route or P.O. Box Number
City State Zip	City State Zip
4. Business Phone Number (INCLUDE AREA CODE) _____ Fax # _____	Home Phone Number (INCLUDE AREA CODE _____

5. Type of Ownership ☐ Proprietorship ☐ Partnership ☐ Other

☐ Corporation – Enter date of incorporation or domestication in Tennessee: _____

Name of Corporation: _____

6. Identify owners, officers and/or partners (attach additional names, addresses, phone numbers on separate sheet)

(1) Name	Home Phone Number
Address (not P.O. Box) Street Address	City State Zip

7. Describe the exact business activity at this location, stating the major products and/or services sold: _____

8. Is the business ☐ Retail ☐ Wholesale ☐ Both ☐ Manufacturer ☐ Amusement

Percent _____% Wholesale Percent _____% Retail

9. Using the BUSINESS ACTIVITY CODE listing attached to this application, enter the code number that best describes your type of business operation

FOR OFFICE USE ONLY ☐☐☐☐

10. Do you operate more than one business location in Lawrenceburg and Tennessee? (If yes, attach additional names and addresses)

☐ No

☐ Yes – How many additional locations? _____

(IF YES; ATTACH ADDITIONAL NAMES AND ADDRESSES)

11. Have you ever had a City of Lawrenceburg Business Tax License prior to now? ☐ Yes ☐ No

If YES give the name and address of your last business.

_____
Name

_____
Address

12. REASON FOR FILING THIS APPLICATION

☐ Starting new business

☐ Change in corporate structure

☐ Change in ownership of, or the purchase of an existing business.

Enter the name of the business you are purchasing.

_____ _____
Name License No.

- **Minimum Tax Payment $ ……$** _____
- **Penalty – Minimum $15.00 ……$** _____
- **Interest (8% per annum from the due date until paid) …… $** _____
- **Registration Fee …… $** _____
- **Total Payment due the City of Lawrenceburg, MAKE CHECK IN THIS AMOUNT ……$** _____

13. THE STATEMENTS MADE IN THIS APPLICATION ARE TURE TO THE BEST OF MY KNOWLEDGE AND BELIEF.
(This application must be signed by the individual/owner, or by a partner, or by an officer of the corporation.)

By: _____ _____ _____

Signature of owner, partner, or corporate officer Title Date