RUTHERFORD COUNTY BUSINESS TAX LICENSE APPLICATION

Advertised Name of Business_____

Physical Street Address_____

City, State, Zip Code_____

Business Telephone Number_____ Business Fax Number_____

MAILING ADDRESS IF DIFFERENT FROM ABOVE:

Name_____

Mailing Address_____

City, State & Zip Code

APPLICANT INFORMATION

NAME OF APPLICANT_____

Physical Street Address_____

City, State & Zip Code_____

Home Telephone Number_____ Mobile Phone Number_____

Signature of Applicant_____

OWNER(S) OR CORPORATE SIGNATURE(S)

COMPLETE INFORMATION ON ALL OWNERS OF BUSINESS - CONTINUE ON BACK OF FORM IF NECESSARY.

NAME OF OWNER_____

Physical Street Address_____

City, State & Zip Code_____

Home Telephone Number_____ Mobile Phone Number_____

Signature of Owner_____

( ) CHECK HERE IF MORE OWNER INFORMATION IS ON BACK OF THIS SHEET.

PLEASE MARK ONE: SOLE OWNERSHIP ( ) PARTNERSHIP ( ) CORPORATION ( ) LLC ( )

TYPE OF BUSINESS

Describe business activity and/or products sold_____

Retail ( ) Wholesale ( ) Retail & Wholesale ( ) Services ( ) Construction ( )

Sales Tax Number_____

Did you purchase existing business? YES ( ) NO ( )

If YES, give former name of business_____

If YES, give former name of owner(s)_____

Present Property Zoning_____

Date your Business started in Rutherford County_____

Date of this application_____

IMPORTANT!!! APPLICATION & REMITTANCE MUST BE SUBMITTED WITHIN 20 DAYS OF STARTING YOUR BUSINESS, OR PENALTY AND INTEREST WILL APPLY.

MINIMUM TAX PAYMENT	**$15.00**
PENALTY (5% OF MINIMUM FOR EACH 30 DAYS (OR PORTION THEREOF) (Penalty not to exceed 25% minimum tax	$
INTEREST (.004247 per day from date due to date paid)	$
RECORDING FEE	**$7.00**
TOTAL PAYMENT DUE	$

MAIL APPLICATION & CHECK PAYABLE TO:

Georgia Lynch
Rutherford County Clerk
319 North Maple Street. Suite 121
Murfreesboro, Tennessee 37130

OFFICE USE ONLY

CLASS	
ACCOUNT NO.	
B. T. LICENSE NO.	
EXPIRATION DATE	

Business Tax Department - (615) 898-7797

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