



TENNESSEE DEPARTMENT OF REVENUE

Rutherford County Business Tax License

Answer all questions below completely.

\$15.00

Rutherford County Clerk

319 N. Maple St., Suite 121

Murfreesboro, TN 37130

<input type="checkbox"/> Social Security # <input type="checkbox"/> Federal EIN, <input type="checkbox"/> W-7(ITIN)	2. Business Start Date:	3. Fiscal Year End Date
_____	_____	_____

4. Type of Ownership (choose only one box below):

- Sole Proprietorship
- Partnership *(Required Federal EIN)*
- Marital Joint Ownership
Other Spouse's SSN: _____
- Corporation *(Required Federal EIN)*
- Estate or Trust
- LLC *(Required Federal EIN)*
 - Multi-Member LLC
 - Single Member LLC

Office use only:
Account : _____

Date: _____

5. Company Contact Person's Name:

6: Email Address: (required)

7. Business Classification:

- Classification 1A Classification 1B
- Classification 1C Classification 1D
- Classification 1E Classification 2
- Classification 3 Classification 4

8. Business Type: *Choose One*

- Standard Business License
- Minimal Activity License
(under \$10,000 Annual Gross Receipt)

9. Legal Name of Business:

10. "Doing Business As" (DBA) Name (if different from #9 above)

11. Primary Address: Exaction Location Business (NO P.O. Box)

12. Business Mailing Address (if different from #11 above)

13. Business Telephone Number:

14. Business Fax Number:

15. Business Email Address:

16. Describe Business Activity; Major Products and/or Services Sold:

17. Identify Owners, Officers, Members or Partners (Attach additional names on separate sheet if needed)

1: NAME:	PHONE # :	<input type="checkbox"/> Social Security # <input type="checkbox"/> Federal EIN, <input type="checkbox"/> W-7(ITIN)
_____	_____	_____
HOME ADDRESS (DO NOT USE P.O.BOX#)	CITY:	STATE: ZIPE CODE:
_____	_____	_____
2: NAME:	PHONE # :	<input type="checkbox"/> Social Security # <input type="checkbox"/> Federal EIN, <input type="checkbox"/> W-7(ITIN)
_____	_____	_____
HOME ADDRESS (DO NOT USE P.O.BOX#)	CITY:	STATE: ZIPE CODE:
_____	_____	_____

18. Signatures Required! This application must be signed by an owner, officer, member of partner of the entity listed above. Do not print or use a stamp. The statements made on this application are true to the best of my knowledge and belief.

Signature: _____ Date: _____