



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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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  
*(\$100,000 Annual Gross Receipt or More)*
- Minimal Activity License  
*(under \$100,000 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)

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

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: