



TENNESSEE DEPARTMENT OF REVENUE
Business Tax Registration Application

RV-F1321001 (05/18)

Answer all questions below completely. Incomplete and unsigned applications will delay processing.

1. Business FEIN or SSN (<i>required</i>)	2. Start Date for Location in Jurisdiction	3. Fiscal Year End Date
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4. Type of Ownership (choose only one box below):

- | | | |
|---|--|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Partnership (<i>all types</i>) | <input type="checkbox"/> Corporation (<i>all types</i>) |
| <input type="checkbox"/> Marital Joint Ownership
Other Spouse's SSN:
_____ | <input type="checkbox"/> Limited Liability Company
(<i>choose one below</i>) | |
| <input type="checkbox"/> Estate or Trust | <input type="checkbox"/> Multi-Member LLC | <input type="checkbox"/> Single Member LLC |

5. Legal Name of Business

6. Primary Address (physical address where records are located; no P.O. box)	City	State	ZIP Code
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7. Identify Owners, Officers, Members, or Partners (Attach additional names on separate sheet if needed. See Instructions.)

Title	Title
SSN of owner or FEIN of owning business, if available	SSN of owner or FEIN of owning business, if available
First and Last Name of Owner or Name of Owing Business	First and Last Name of Owner or Name of Owing Business
Telephone Number with Area Code	Telephone Number with Area Code
Email	Email
Address	Address
City State ZIP Code	City State ZIP Code

8. "Doing Business As" (DBA) Name (if different from #5 above)

9. Classification (select below or write in)

Classification:

10. License Type

- Standard Business License Minimal Activity License

11. Business Location Address (physical address only; no P.O. box)	City	State	ZIP Code
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12. Business Activity at this Location			
13. Business Mailing Address		City	State
			Zip Code
14. Business Telephone Number	Business Fax Number	Business Email Address	
15. Contact Name	Contact Telephone Number	Contact Email Address	

<p>16. Signatures Required! This application must be signed by an owner, officer, member or partner of the entity listed above. Do not print or use a stamp.</p> <p>The statements made on this application are true to the best of my knowledge and belief.</p> <p>Signature: _____ Date: _____ <i>Owner, Officer, Member, or Partner</i></p> <p>Signature: _____ Date: _____ <i>Owner, Officer, Member, or Partner</i></p>	<p>For Department Use Only</p>
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**Electronic filing and payment of taxes is required for business tax.
Please visit www.TN.gov/revenue for more information.**



Application for Business Tax License

Make checks payable to:
COOKEVILLE CITY CLERK.....\$15

Mail to: COOKEVILLE CITY CLERK
PO Box 998 Cookeville TN 38503-0998
(931) 520-5250 or 520-5251 – Fax (931) 526-4897

Located at: 45 E Broad Street