

**HAMILTON COUNTY CLERK
NEW BUSINESS APPLICATION**

Remit \$20.00 with this form to complete application. Mail application and check, payable to "Hamilton County Clerk", to Hamilton County Clerk, 625 Georgia Avenue, Room 201, Chattanooga, TN 37402.

OR

APPLY ONLINE AT : <https://secure.tncountyclerk.com/index.php?countylist=33>

ALL QUESTIONS MUST BE ANSWERED COMPLETELY. INCOMPLETE AND UNSIGNED APPLICATIONS WILL DELAY PROCESSING. FOR ASSISTANCE, PLEASE CONTACT OUR OFFICE AT (423) 209-6500.

1. License Type: Standard (Gross Receipts over \$10K) Minimal Activity (Gross Receipts \$3,000-\$10,000)

2. Fiscal Year End: _____ 3. Date Business began in TN at this location: _____

4. BUSINESS NAME AND EXACT LOCATION 5. BUSINESS MAILING ADDRESS

BUSINESS NAME NAME (ENTER LEGAL NAME (DBA), IF DIFFERENT)

STREET, HIGHWAY (DO NOT USE P.O. BOX NUMBER OR RURAL ROUTE NUMBER) P.O. BOX, STREET, ROUTE, OR HIGHWAY

APARTMENT OR SUITE NUMBER APARTMENT OR SUITE NUMBER

CITY, STATE, ZIP CODE CITY, STATE, ZIP CODE

6. COUNTY BUSINESS IS LOCATED IN **HAMILTON** 7. BUSINESS TELEPHONE NUMBER 8. CONTACT PERSON'S NAME

IS BUSINESS LOCATED INSIDE A TN CITY? BUSINESS FAX NUMBER CONTACT E-MAIL ADDRESS
 NO YES (if yes, name of city) _____

9. CURRENT SALES TAX NUMBER FOR THIS BUSINESS LOCATION (if applicable) : _____

10. TYPE OF OWNERSHIP (SELECT ONE): Business FEIN or SSN is required

Corporation (all types) FEIN: _____ Sole Proprietorship SSN: _____

Multi-Member LLC FEIN: _____ Single-Member LLC FEIN: _____

Partnership (all types) FEIN: _____ (including Marital Partnerships)

11. DESCRIBE THE BUSINESS ACTIVITY AT THIS LOCATION, STATING THE MAJOR PRODUCTS AND/OR SERVICES SOLD

12. IDENTIFY INDIVIDUAL, OFFICERS, PARTNERS, OR COMPANY OWNERS (attach additional names/info on separate sheet if needed)

(1) NAME TELEPHONE SOCIAL SECURITY NUMBER or FEDERAL EIN

HOME ADDRESS (DO NOT USE P.O. BOX #) CITY STATE ZIP CODE

E-MAIL

(2) NAME TELEPHONE SOCIAL SECURITY NUMBER or FEDERAL EIN

HOME ADDRESS (DO NOT USE P.O. BOX #) CITY STATE ZIP CODE

E-MAIL

13. THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (THIS APPLICATION MUST BE SIGNED BY THE INDIVIDUAL OWNER, AN OFFICER, OR A PARTNER OF THE CORPORATION. THE SIGNATORY MUST ALSO BE LISTED IN #12.)

SIGN HERE: _____
SIGNATURE of OWNER, PARTNER, or OFFICER (DO NOT PRINT OR USE STAMP)

*If applying for a minimum activity license, anticipated Gross Receipts must be less than \$10,000.

_____ TITLE and DATE

FOR OFFICIAL USE ONLY

Date Received: _____ Classification: _____ Account #: _____