



**TENNESSEE DEPARTMENT OF REVENUE
APPLICATION FOR REGISTRATION**

ANSWER ALL QUESTIONS COMPLETELY. INCOMPLETE AND UNSIGNED APPLICATIONS WILL DELAY PROCESSING. FOR ASSISTANCE YOU MAY CONTACT ANY OF THE TAXPAYER SERVICES OFFICES LISTED ON THE BACK.

1. CHECK ANY OF THE FOLLOWING TAX, PERMIT, OR FEE REQUIREMENTS FOR WHICH YOUR BUSINESS IS LIABLE:

*ALCOHOLIC BEVERAGE TAXES: <input type="checkbox"/> Beer Barrelage <input type="checkbox"/> Brand Registration <input type="checkbox"/> Liquor By The Drink <input type="checkbox"/> Wholesale Beer <input type="checkbox"/> Wholesale Gallonage <input type="checkbox"/> Winery Tax	**BUSINESS TAX <input type="checkbox"/> Classification 1 <input type="checkbox"/> Classification 2 <input type="checkbox"/> Classification 3 <input type="checkbox"/> Classification 4 <input type="checkbox"/> Classification 5 GROSS RECEIPTS TAXES: <input type="checkbox"/> Bottlers <input type="checkbox"/> Mixing Bar <input type="checkbox"/> Gas, Water, Electric Power & Light	FRANCHISE AND EXCISE TAXES <input type="checkbox"/> Series LLC (See Instructions) PRIVILEGE TAXES: <input type="checkbox"/> Auto Rental Surcharge <input type="checkbox"/> Bail Bondsmen <input type="checkbox"/> Litigation Tax <input type="checkbox"/> Professional Privilege Tax *PETROLEUM TAXES <input type="checkbox"/> SALES AND USE TAX	SEVERANCE TAXES: <input type="checkbox"/> Coal <input type="checkbox"/> Crude Oil/Natural Gas <input type="checkbox"/> Mineral SOLID WASTE TAXES: <input type="checkbox"/> Tire <input type="checkbox"/> Used Oil TOBACCO TAX <input type="checkbox"/> WINE DIRECT SHIPPER
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*Requires Bond. **TYPE OF BOND:** 1. SURETY 2. CASH 3. CERTIFICATE OF DEPOSIT

**The local county clerk and designated municipal business tax official in your area also have business tax registration forms.

2. REASON FOR APPLYING: <input type="checkbox"/> 1. New business <input type="checkbox"/> 2. Additional location <input type="checkbox"/> 3. Purchase of existing business	3. WILL YOUR GROSS SALES EXCEED \$4,800 PER YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO WILL YOUR TAXABLE SERVICES EXCEED \$1,200 PER YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO DO YOU HAVE SUPPLIERS (IN-STATE OR OUT-OF-STATE) WHO DO NOT COLLECT TN. SALES TAX? <input type="checkbox"/> YES <input type="checkbox"/> NO IF ALL THREE OF THE ABOVE ARE "NO", YOU DO NOT NEED A SALES TAX #.
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4a. DATE BUSINESS BEGAN IN TENNESSEE AT THIS LOCATION _____	5. WILL YOU BE COLLECTING OVER \$200 PER MONTH IN SALES TAX? <input type="checkbox"/> YES <input type="checkbox"/> NO	6. HOW MANY MONTHS OF THE YEAR WILL YOU HAVE SALES AND/OR USE TAX TO REPORT? _____
4b. FISCAL YR. END _____ / _____ MO DAY		

7. BUSINESS NAME AND EXACT LOCATION BUSINESS NAME (ATTACH LIST IF NECESSARY FOR ADDITIONAL LOCATIONS) _____ STREET, HIGHWAY (DO NOT USE P.O. BOX NUMBER OR RURAL ROUTE NUMBER) _____ CITY STATE ZIP CODE COUNTY	8. BUSINESS MAILING ADDRESS NAME (ENTER CORPORATION NAME, IF APPLICABLE) _____ P.O. BOX, STREET, ROUTE, OR HIGHWAY _____ CITY STATE ZIP CODE
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9. IS THIS BUSINESS LOCATED INSIDE ANY TENNESSEE CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT CITY? _____	10. RECORD STORAGE ADDRESS: STREET, HIGHWAY (DO NOT USE P.O. BOX NUMBER) _____ CITY STATE ZIP CODE	11. BUSINESS TELEPHONE # () AREA CODE FAX #
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12. ENTER YOUR FEDERAL EMPLOYER'S IDENTIFICATION # [] [] - [] [] [] [] [] [] [] [] APPLIED FOR NOT REQUIRED

13a. BUSINESS CONTACT PERSON: _____ **13b. E-MAIL ADDRESS:** _____

14. TYPE OF OWNERSHIP: <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> HUSBAND/WIFE OWNERSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LIMITED PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> PROFESSIONAL LIMITED LIABILITY COMPANY <input type="checkbox"/> CORPORATION <input type="checkbox"/> S CORPORATION <input type="checkbox"/> PROFESSIONAL CORPORATION <input type="checkbox"/> OTHER NAME OF CORPORATION _____ SEC. OF STATE # _____	15. CURRENT OR PRIOR TAX NUMBER (SALES TAX, ETC.) _____ / _____ TAX TYPE ACCOUNT NO.
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16. DESCRIBE THE BUSINESS ACTIVITY AT THIS LOCATION, STATING THE MAJOR PRODUCTS AND/OR SERVICES SOLD.

A. Are your sales 100% over-the-counter sales? _____ Yes _____ No
 (Note: If you ever have a sale for which you ship or deliver merchandise, do not check "Yes.")

B. If not 100% over-the-counter sales, how many cities or counties in Tennessee, other than the location of your business do you ship or deliver merchandise to in an average month? _____

C. Do you use/have access to: (a) Automated systems ____ Yes (b) Computers ____ Yes (c) Internet ____ Yes?

D. Do you lease tangible personal property in one location for use in another? ____ Yes ____ No

E. Do you lease space in a business location to another company? ____ Yes ____ No

F. Do you sell at retail? ____ Yes ____ No Wholesale? ____ Yes ____ No Both? ____ Yes ____ No

G. If you are a contractor, do you perform contracts in the city or county where your business is located? ____ Yes ____ No

H. If you are a contractor, do you perform contracts in a city or county where your business is not located? ____ Yes ____ No

I. If you are a contractor, do you install everything you sell? ____ Yes ____ No

17. EDI/EFT DO YOU CURRENTLY FILE YOUR RETURN BY EDI? YES NO DO YOU CURRENTLY REMIT PAYMENT BY EFT? YES NO

WOULD YOU LIKE TO RECEIVE INFORMATION ABOUT THE FOLLOWING: EDI EFT

18. IDENTIFY OWNERS, OFFICERS, MEMBERS, OR PARTNERS (ATTACH ADDITIONAL NAMES ON SEPARATE SHEET).

(1) NAME	HOME TELEPHONE #	<input type="checkbox"/> SOCIAL SECURITY #	<input type="checkbox"/> FEDERALEIN
HOME ADDRESS (DO NOT USE P.O. BOX #)	CITY	STATE	ZIP CODE

Member Officer Partner Owner - Individual Owner - Company

(2) NAME	HOME TELEPHONE #	<input type="checkbox"/> SOCIAL SECURITY #	<input type="checkbox"/> FEDERALEIN
HOME ADDRESS (DO NOT USE P.O. BOX #)	CITY	STATE	ZIP CODE

Member Officer Partner Owner - Individual Owner - Company

(3) NAME	HOME TELEPHONE #	<input type="checkbox"/> SOCIAL SECURITY #	<input type="checkbox"/> FEDERALEIN
HOME ADDRESS (DO NOT USE P.O. BOX #)	CITY	STATE	ZIP CODE

Member Officer Partner Owner - Individual Owner - Company

PREVIOUS BUSINESS NAME	PREVIOUS OWNER'S TELEPHONE # ()	STILL IN BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO
PREVIOUS OWNER'S NAME AND ADDRESS		

19. IF YOU ARE AN OUT-OF-STATE BUSINESS THAT WILL BE DOING BUSINESS IN TENNESSEE, PLEASE ANSWER THE FOLLOWING QUESTION.

DO YOU HAVE A LOCATION OR OFFICE IN TENNESSEE? YES NO IF YES, NAME LOCATION:

20. 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, A PARTNER, OR AN OFFICER OF THE CORPORATION LISTED IN ITEM 17.)

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

FOR DEPARTMENT USE ONLY

For additional information, contact the Taxpayer Services Division in one of our Department of Revenue Offices:

Chattanooga (423) 634-6266 Suite 350 State Office Building 540 McCallie Avenue Chattanooga, TN 37402	Jackson (731) 423-5747 Suite 340 Lowell Thomas Building 225 Martin Luther King Blvd. Jackson, TN 38301	Johnson City (423) 854-5321 204 High Point Drive PO Box 2365 Johnson City, TN 37605-2365	Knoxville (865) 594-6100 Room 606 State Office Building 531 Henley Street Knoxville, TN 37901	Memphis (901) 213-1400 3150 Appling Road Bartlett, TN 38133	Nashville (615) 253-0600 3rd Floor Andrew Jackson Building 500 Deaderick Street Nashville, TN 37242
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Tennessee residents can also call our statewide toll free number at 1-800-342-1003. Out-of-state callers must dial (615) 253-0600.