

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 _____

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.

For Department Use Only

The statements made on this application are true to the best of my knowledge and belief.

Signature: _____ Date: _____
Owner, Officer, Member, or Partner

Signature: _____ Date: _____
Owner, Officer, Member, or Partner

**Electronic filing and payment of taxes is required for business tax.
Please visit www.TN.gov/revenue for more information.**