HAMILTON COUNTY CLERK NEW BUSINESS APPLICATION

Remit \$15.00 with this form to complete application. Make check payable to "Hamilton County Clerk", and mail to Hamilton County Clerk, 625 Georgia Avenue, Room 201, Chattanooga, TN 37402.

<u>OR</u>

APPLY ONLINE AT: https://secure.tncountyclerk.com/newbusinesstax/index.php

ALL QUESTIONS MUST BE ANSWERED COMPLETE CONTACT OUR OFFICE AT (423) 209-6500.	LY. INCOMPLETE AND UN	SIGNED APPLICATIONS W	ILL DELAY PROCESSING. I	FOR ASSISTANCE, PLEASE
1. License Type: 🛛 Standard (Gross Receipts ove	er \$10K) 🛛 Minimal Ad	ctivity (Gross Receipts \$3,0	00-\$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?			CONTACT E-MAIL ADDRESS	
9. CURRENT SALES TAX NUMBER FOR THIS BUSINESS LOCATION (<i>if applicable</i>) :				
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10. TYPE OF OWNERSHIP (SELECT ONE): <u>Business FEIN or SSN is required</u>				
□ Corporation (all types) FEIN: □ Sole Proprietorship SSN: □ Multi-Member LLC FEIN: □ Single-Member LLC FEIN:				
□ Partnership (all types) FEIN: (including Marital Partnerships)				
12. IDENTIFY INDIVIDUAL, OFFICERS, PARTNE	RS, OR COMPANY OWN		es/info on separate sheet if URITY NUMBER or □ FEDERAL	
(I) NAME	TELEPHONE		URITY NUMBER <u>OF</u> LI FEDERAL	EIN
HOME ADDRESS (DO NOT USE P.O. BOX #)	CITY	STATE		ZIP CODE
E-MAIL	1	I		
(2) NAME	TELEPHONE	SOCIAL SEC	ECURITY NUMBER 💇 🗖 FEDERAL EIN	
HOME ADDRESS (DO NOT USE P.O. BOX #)	CITY	STATE		ZIP CODE
E-MAIL	1	I		
13. THE STATEMENTS MADE ON THIS APPLIC/ MUST BE SIGNED BY THE INDIVIDUAL OWNER, AN SIGN HERE:				
SIGNATURE of OWNER, PARTNER, or OFFICER (DO NOT PRINT OR USE STAMP)				
*If applying for a minimum activity license,				
	TE	anticipated	Gross Receipts must be less than \$10,000.	
FOR OFFICIAL USE ONLY				
Date Received:	Classification:		Account #:	