

<p>This application, along with proper remittance, must be received by this office within twenty (20) days after commencement of business. If later, penalty and interest will apply.</p>	 Montgomery County Kellie A. Jackson County Clerk 350 Pageant Lane, Ste 502 Clarksville, TN 37040 931-648-5711	Date Received: _____
		Business License # _____
		Business Account # _____
		Class: 1 2 3 4 1A - Food 1B - Building Materials 1C - Nursery Garden 1D - Gas

BUSINESS LICENSE APPLICATION

The Eighty-Seventh General Assembly of the State of Tennessee enacted effective June 1, 1971, Public Chapter 387 known as the "Business Tax Act" which, in effect, imposes a tax on the privilege of conducting various business within this state. Each person subject to this tax is required by law to pay usually an initial minimum tax of \$15.00 which payment may be credited against subsequent payments of tax to be paid upon a gross sales basis.

_____			_____		
Business Name			Name of Owner(s) or Corporation Name		
_____			_____		
Mailing Address			Business Location Address		
_____			_____		
City	State	Zip Code	City	State	Zip Code
_____		_____		_____	
Home Phone		Business Phone		Cell Phone	

List Contact Person(s) or Officers of Corporation					

Start Date: _____			Email Address: _____		

Single Proprietorship _____	Partnership _____	Corporation _____	LLC _____
Name of Corporation or LLC _____			

Federal Employer ID # (IRS 800-829-1040) _____		State Sales Tax # (Dept of Revenue 800-342-1003) _____	

<u>TYPE OF BUSINESS</u>			
Select One:	Retail _____	Wholesale _____	Retail & Wholesale _____
<i>(select Retail unless you specifically sell wholesale items)</i>			
Select One:	Contractor _____	Service _____	Other (Specify) _____
Brief Description of Business _____			

Minimum Tax Payment-----	\$15.00
Clerk's Fee-----	\$ 7.00
Total Payment Enclosed (if paid before delinquency date)-----	\$22.00
Penalty (5% for each 30 days or fraction thereof not to exceed 25% of 15%, whichever is larger)-----	\$ _____
Interest 15.5% per annum from due date until paid-----	\$ _____
Total (including any penalty and interest applicable)-----	\$ _____

MAKE CHECK PAYABLE TO MONTGOMERY COUNTY CLERK

x _____
 x _____
Signature of all owners, partners or corporation officers Date Your Title or Position w/ Business