

BLOUNT COUNTY CLERK Business Tax Department (865) 273-5800 Business License Application	FOR DEPARTMENT USE ONLY: Date Received: _____ Account # _____ Classification: _____ License # _____
1. Opening Date at this Location: _____	
2. EXACT BUSINESS NAME AND LOCATION	3. BUSINESS MAILING ADDRESS
Trade Name _____	Trade Name _____
Street Address(Not P.O.Box) _____	Mailing Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
4. Business Phone(Include Area Code) _____	5. Federal Employer No. _____ Applied For: _____ Not Required: _____
6. State Sales Tax No. _____ Applied For: _____ Not Required: _____	
7. Type of Ownership: ___ Proprietorship, ___ Partnership, or ___ Corporation If corporation, enter date of incorporation in Tenn. _____ Name of Corporation: _____	
8. Identify all owners, officers, and/or partners (Attach a separate sheet for additional owners if needed.)	
(1) Name _____	Home Phone No. _____ Social Security No. _____
Home Address(Not P. O. Box) _____	City _____ State _____ Zip _____
(2) Name _____	Home Phone No. _____ Social Security No. _____
Home Address (Not P. O. Box) _____	City _____ State _____ Zip _____
Describe the business activity, stating the major products and/or services sold: _____	
Is the business ___ Retail, ___ Wholesale, ___ Both, ___ Manufacturer, ___ Amusement If both, percent ___ % Retail, ___ % Wholesale	
10. Drivers license no. & state for above listed owners (1) _____ state _____ (2) _____ State _____	11. Do you operate more than one business location in Blount County and/or Tennessee? (If yes, attach additional names and addresses.) ____ Yes ____ No
12. Reason for filing this application: ___ Starting a new business ___ Change in corporate structure	
13. This application must be received within 20 days of starting date of business or penalty & interest apply. * Minimum License Fee \$ 15.00 * Penalty (5 % for each 30 days or fraction thereof not to exceed 25 %) \$ _____ * Interest (___ % per annum from delinquent date until paid) \$ _____ * Filing Fee \$ - 0 - * Total payment due, MAKE CHECK IN THIS AMOUNT \$ _____	
14. THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (This application must be signed by the owner, partner, or officer of the corporation.) BY: _____ Signature of Owner, Partner, or Officer _____ Title _____ Date _____	
NOTE: OMISSIONS WILL RESULT IN REJECTION MAIL TO: BLOUNT COUNTY CLERK, 345 COURT STREET, MARYVILLE, TN 37804	