



# CITY OF CROSSVILLE, TENNESSEE BUSINESS LICENSE APPLICATION

|                          |       |
|--------------------------|-------|
| For Department Use Only: |       |
| Date Received:           | _____ |
| Account #:               | _____ |
| Classification:          | _____ |

Reason for Applying:  New business  
 Additional location  
 Purchase of existing business  
 Renew Minimal Activity License

Acct. No. \_\_\_\_\_

License Type:  Standard  Minimal Activity  
Gross Receipts: (over \$100,000) (\$3,000-\$100,000)

Opening date at this location: \_\_\_\_\_

### EXACT BUSINESS NAME AND LOCATION:

### BUSINESS MAILING ADDRESS:

Check if same as location

Name: \_\_\_\_\_  
(Give trade name at this location)

Name: \_\_\_\_\_  
(enter corporate name, if applicable)

Street: \_\_\_\_\_  
(Do not use P.O. Box)

Address: \_\_\_\_\_

City, State, Zip+4

City, State, Zip+4

Sales Tax Number: \_\_\_\_\_  
 Applied for  
 Not required

Secretary of State ID Number: \_\_\_\_\_  
 Applied for  
 Not required

Federal ID Number: \_\_\_\_\_  
 Applied for  
 Not required

Ownership Type:  Sole Proprietorship  
 Partnership  
 Corporation  
 LLC  
 Other \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact E-Mail: \_\_\_\_\_

Describe the exact business activity at this location, stating the major products and/or service sold:  
\_\_\_\_\_

Fiscal Year End: \_\_\_\_\_

Identify Owners, Officers, or Partners: \_\_\_\_\_

Owner 1 (required)  
\_\_\_\_\_  
(Title) (First) (Initial) (Last)

Owner 2:  
\_\_\_\_\_  
(Title) (First) (Initial) (Last)

Home Address (Do not use P.O. Box)  
\_\_\_\_\_

Home Address (Do Not Use P. O. Box)  
\_\_\_\_\_

City, State, Zip+4

City, State, Zip+4

Home Telephone \_\_\_\_\_

Home Telephone \_\_\_\_\_

SSN \_\_\_\_\_

SSN \_\_\_\_\_

FEIN \_\_\_\_\_

FEIN \_\_\_\_\_

**THIS APPLICATION MUST BE RECEIVED WITHIN 20 DAYS FROM COMMENCEMENT DATE OF BUSINESS OR PENALTY AND INTEREST APPLY.**

**TOTAL PAYMENT DUE, MAKE CHECK PAYABLE TO THE CITY OF CROSSVILLE ..... \$15.00**

THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.  
(This application must be signed by the individual/owner, or by a partner, or by an officer of the corporation.)

BY: \_\_\_\_\_  
Signature of owner, partner, or officer Title Date

**RETURN TO: Valerie Hale, City Clerk, City of Crossville, 392 N. Main St., Crossville, TN 38555**