

## CITY OF CROSSVILLE, TENNESSEE **BUSINESS LICENSE APPLICATION**

For Department Use Only:			
Date Received:			
Account #:			
Classification:			

			Classificatio
Reason for Applying:			Acct. No.
icense Type:	Standard	Minimal Activity	

Reason for Applying:   New business	Classification.		
Additional locati	on		
Purchase of exis			
	Activity License Acct. No		
License Type: Standard Gross Receipts: (over \$100,000)	☐ Minimal Activity (\$3,000-\$100,000)		
Opening date at this location:			
EXACT BUSINESS NAME AND LOCATION:	BUSINESS MAILING ADDRESS:  Check if same as location		
Name:	Name:		
Name:(Give trade name at this location)	Name: (enter corporate name, if applicable)		
Street:	Address:		
(Do not use P.O. Box)	/\ddi 000.		
City, State, Zip+4	City, State, Zip+4		
Sales Tax Number:	Secretary of State ID Number:		
Applied for	Applied for		
☐ Not required	☐ Not required		
Federal ID Number:	Ownership Type: Sole Proprietorship		
<ul><li>☐ Applied for</li><li>☐ Not required</li></ul>	☐ Partnership☐ Corporation☐ LLC☐ Other		
Phone Number:	Fax Number:		
Contact Name:	Contact E-Mail:		
Describe the exact business activity at this location, stati	ng the major products and/or service sold:		
Fiscal Year End:			
Identify Owners, Officers, or Partners:			
Owner 1 (required)	Owner 2:		
(Title) (First) (Initial) (Last)	(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.**

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.)

Date Signature of owner, partner, or officer Title