



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 _____

SSN: _____

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: _____

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

TOTAL PAYMENT DUE, ONCE APPLICATION IS APPROVED, PAY ONLINE THROUGH PORTAL \$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: Baylee Rhea - baylee.rhea@crossvilletn.gov