



CITY OF ELIZABETHTON
Department of Finance
Requirements for Application for Business Tax License

IMPORTANT – PLEASE READ

In order to obtain a city business license, you must complete the following process in its stated order:

- 1) You must have a *fire inspection* completed. Call to make an appointment. (You will receive a report.)
Andy Hardin, Fire Marshal 423-213-9070

- 2) You must have a *backflow prevention* inspection completed. Call to obtain required information or make an appointment.
David Tolley, Water Department..... 423-895-0163

- 3) You must receive an *occupancy permit*. Call to make an appointment to meet the Electrical and Building Inspectors at the place of business. (You will receive an occupancy permit.)
Robert Montgomery, Building Department 423-542-1503

- 4) Complete the *Application for Business Tax License* below.

- 5) You will need to mail or take to City Hall all of the paperwork that you have received in the previous steps, the completed Application for Business Tax License, and a \$20.00 payment. Please call before visiting City Hall.
Jennifer Murphy, Business License 423-542-1518

..... Jennifer Murphy
City of Elizabethton
136 South Sycamore St.
Elizabethton, TN 37643-3328

There is a \$20.00 fee for the initial business license. All questions must be answered completely in the application below and proper payment must be made. Any incomplete applications will be returned.



CITY OF ELIZABETHTON
 Department of Finance
 Application for Business Tax License

1. Opening Date of Business at this Location: _____ / _____ / _____

2. Exact Business Name and Location

 Name (give trade name at this location)

 Street, Highway (Do not use P.O. Box)

 City State Zip

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3. Business Phone Number (INCLUDE AREA CODE)

6. State Sales Tax Number

_____ Applied For Not Required

7. Type of Ownership

Proprietorship Partnership Corporation – Enter date of incorporation or domestication in Tennessee: _____ / _____ / _____

Other:

Corporation Name: _____

8. Identify owners, officers and/or partners (attach additional names, addresses, phone numbers and SSN on separate sheet).

 Name Home Phone SSN

 Home Address (not P.O. Box) Street Address City State Zip

 Name Home Phone SSN

 Home Address (not P.O. Box) Street Address City State Zip

 Name Home Phone SSN

 Home Address (not P.O. Box) Street Address City State Zip

9. Describe the exact business activity at this location, stating the major products and/or services sold:

Is the business: Retail Wholesale Both (_____ % Wholesale _____ % Retail) Manufacturer Amusement Service

10. Have you ever had a City of Elizabethton Business Tax License prior to now? Yes No

If YES, give the name and address of your last business:

Name

Address

Zip

11. Do you operate more than one business location in Elizabethton and Tennessee?

Yes – How many locations? _____
(Please attach additional names and addresses.)

No

12. REASONS FOR FILING THIS APPLICATION:

Starting a new Business Change in corporate structure

Change in the ownership of, or the purchase of an existing business. Enter the name and City License Number of the business.

Name of Business

License Number

13. This application must be received within twenty (20) days from commencement date of business or penalty and interest apply.

Minimum Fee	\$	<u>15.00</u>
Recording Fee	\$	<u>5.00</u>
Total payment due, MAKE CHECK IN THIS AMOUNT	\$	<u>20.00</u>

14. 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.)

Signature of owner, partner, or officer

Title

_____/_____/_____
Date

NOTICE – 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 businesses 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 required to be paid annually upon a gross receipt basis.

----- **FOR DEPARTMENT USE ONLY – DO NOT WRITE BELOW THIS LINE** -----

Date Received: _____ / _____ / _____

Date Written: _____ / _____ / _____

License Number: _____

Classification: _____

Revised March, 2009.