

**APPLICATION FOR BUSINESS TAX LICENSE**

CITY OF MARTIN P.O. BOX 290 MARTIN, TN 38237

Classification 1A \_\_\_\_\_ Classification 1B \_\_\_\_\_ Classification 2 \_\_\_\_\_ Classification 3 \_\_\_\_\_  
Classification 1C \_\_\_\_\_ Classification 1D \_\_\_\_\_ Classification 4 \_\_\_\_\_ Classification 5 \_\_\_\_\_

**FEE SCHEDULE: \$15.00 BUSINESS TAX TOTAL \$15.00**

**Mailing Address: City of Martin; P.O. Box 290; Martin, TN 38237**

**REASON FOR APPLING:** New Business \_\_\_\_\_ Additional Location \_\_\_\_\_ Purchase of Existing Business \_\_\_\_\_

**Date Business began in Tennessee at this location:** \_\_\_\_\_

**BUSINESS NAME & LOCATION**

**BUSINESS MAILING ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

County in which business is located: \_\_\_\_\_ Tennessee city location: \_\_\_\_\_

Business telephone # (\_\_\_\_) \_\_\_\_\_ Business fax # (\_\_\_\_) \_\_\_\_\_

Contact Person/Owner: \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

Contact Person/Owner email: \_\_\_\_\_

**Circle:**

**Enter Federal Employer's Identification #** \_\_\_\_\_ Applied for/Not required

**Circle:**

**Current Sales Tax number this business location:** \_\_\_\_\_ Applied for/Not required

**TYPE OF OWNERSHIP (Select & circle one):** Proprietorship Husband/Wife Ownership Partnership  
Limited Liability Company Corporation Other

**Tennessee Secretary of Stated Identification #, if applicable** \_\_\_\_\_

**Describe the Business activity at this location, stating the major products and/or service sold:**

\_\_\_\_\_

**Identify Officers, Partners, or Individual or Company Owners:**

\_\_\_\_\_  
Name (\_\_\_\_) Home Telephone # Social Security #

Home Address (do not use post office box #) **Circle one:** Member, Officer, Partner, Owner: Individual - Company

\_\_\_\_\_  
Name (\_\_\_\_) Home Telephone # Social Security #

Home address (do not use post office box #) **Circle one:** Member, Officer, Partner, Owner: Individual - Company

The statements made on this application are true to the best of my knowledge and belief. (This application must be signed by the individual owner, a partner, or an officer of the corporation. The signatory must be also be listed as Member, Officer, Partner, Owner: Individual - Company)

Signature: (**Please Circle**) Member, Officer, Partner, Owner: Individual - Company Title Date