

## CITY OF CROSSVILLE, TENNESSEE

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

BUSINESS LICENSE A	Account #:	
December Analysis	Classification:	
Reason for Applying:  New business Additional locatio Purchase of exist Renew Minimal A	ing business	
<u> </u>	☐ Minimal Activity \$3,000-\$10,000)	
Opening date at this location:	<u> </u>	
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:	Secretary of State ID Number:	
<ul><li>Applied for</li><li>Not required</li></ul>	<ul><li>☐ Applied for</li><li>☐ Not required</li></ul>	
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, statin	g 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.		
TOTAL PAYMENT DUE, MAKE CHECK PAYABLE TO THE CITY OF CROSSVILLE		
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.)		

Title

Date

MAIL TO: Sally Oglesby, City Clerk, City of Crossville, 392 N. Main St., Crossville, TN 38555

Signature of owner, partner, or officer