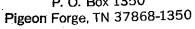
CITY OF PIGEON FORGE P. O. Box 1350





APPLICATION FOR BUSINESS TAX LICENSE

ALL QUESTIONS MUST BE ANSWERED COMPLETELY FOR ASSISTANCE, PLEASE CONTACT YOUR LOCAL (. INCOMPLETE AN COUNTY CLERK O	ND UNSIG	NATE	APP D CI	LICAT TY OF	TONS W	ILL DE	LAY	PROCESSING	Ĺ			
 INDICATE THE CLASSIFICATION IN WHICH YOU ACTIVITY. INDICATE ONLY ONE CLASSIFICATION 	ARE REGISTERIN N.	IG CLA	SSIF	ICAT	ION IS	DETER	RMINE	DΒ	THE DOMIN	ANT BUSIN	ESS		
Classification 1A Classification	Classification 1A Classification 1C				assific	Clas	Classification 4						
Classification 1B Cla		Classification 3							Classification 5				
2. REASON FOR APPLYING:							NESS BEGA	N IN TENNE	SSEE AT				
1. New business 2. Additional location	e of exi	e of existing business THIS LOCATIO											
4. BUSINESS NAME AND EXACT LOCATION				5. BUSINESS MAILING ADDRESS									
BUSINESS NAME				NAME (ENTER LEGAL NAME, IF DIFFERENT)									
STREET OR HIGHWAY (DO NOT USE P.O. BOX NUMBER OR RURAL ROUTE NUMBER)				P.O. BOX, STREET, ROUTE, OR HIGHWAY									
APARTMENT OR SUITE NUMBER (DO NOT ENTER P.O. BOX OR RURAL ROUTE NUMBER)				APARTMENT OR SUITE NUMBER									
CITY STATE	ZIP CODE	CITY	СІТУ				STAT	E		Z	IP CODE		
6. COUNTY IN WHICH BUSINESS IS LOCATED	7. BUSINESS	SS TELEPHONE NUMBE				8. CC	ONTAC	T PE	RSON'S NAM	E	· . <u></u>		
IS BUSINESS LOCATED INSIDE A TENNESSEE CITY? BUSINESS F. (If Yes, Name of City) ()				FAX NUMBER				CONTACT E-MAIL ADDRESS					
9. ENTER FEDERAL EMPLOYER'S IDENTIFICATION #		 -								PLIED FOR)		
10. CURRENT SALES TAX NUMBER FOR THIS BUSINESS LOCATION										PLIED FOR TREQUIRED)		
11. TYPE OF OWNERSHIP (SELECT ONE): PROPRIETORSHIP HUSBAND/WIFE OWNERSHIP OTHER PARTNERSHIP CORPORATION LIMITED LIABILITY COMPA					12/	12. TENNESSEE SECRETARY OF STATE IDENTIFICATION #, IF APPLICABLE							
13. DESCRIBE THE BUSINESS ACTIVITY AT THIS LOCAT	TON, STATING THE	E MAJOR	PRO	DUC	TS AN	ID/OR SI	ERVICE	ES S	OLD:				
14. IDENTIFY OFFICERS, PARTNERS, OR INDIVIDUAL OR	COMPANY OWNE	RS											
(1) NAME HOME TELEPI				HONE#					OCIAL SECURITY #				
HOME ADDRESS (DO NOT USE P.O. BOX #) CITY										ZIP	CODE		
Member Officer Partne	er 🔲 Owi	ner - Ind	ividu	al		Own	ner - C	omp	any				
2) NAME HOMETELEPH				-IONE#				☐ SOCIAL SECURITY# ☐ FEDERALEIN					
HOME ADDRESS (DO NOT USE P.O. BOX #)						STATE ZIPCODE							
☐ Member ☐ Officer ☐ Partne	er 🔲 Own	er - Indi	vidua	al		Own	er - C	omp	any				
5. THE STATEMENTS MADE ON THIS APPLICATION ARE THE INDIVIDUAL OWNER, A PARTNER, OR AN OFFICE This application must be received penalty and interest apply. SIGN PENALTY AND INTEREST APPLY.	ER OF THE CORP	DRATION	Į. THE	E SIG	NATO	RY MUS	TALSO) BE	LISTEDINITE	⊏M 14 \			
SIGNATURE of OWNER, PARTNER, or OFFICER (DO NOT PRINT OR USE STAMP)						TITLE DATE							

RV-F1321001

Minimum Fee

INTERNET (10-09)