

# Town of Graysville Application For Business Tax License

For Department Use Only:

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_

Date Written: \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_

License No: \_\_\_\_\_

1. Opening Date of Business at This Location:

Classification: \_\_\_\_\_

2. EXACT BUSINESS NAME AND LOCATION

3. BUSINESS MAILING ADDRESS

Business Name:

Name (enter corporate if applicable)

Street, Highway Do not use P.O. Box

Street, Highway or P.O. Box

City State Zip

City State Zip

4. Business Phone Numbe (Include Area Code)

5. Federal Employers I.D. No.  Applied For  Not Required

6. State Sales Tax Number

Applied For  Not Required

7. Type of Ownership:  Proprietorship  Partnership  Other:  
 Corporation - Enter date of incorporation or domestication in Tennessee: \_\_\_\_\_

Name of Corporation: \_\_\_\_\_

8. Identity owners, officers and/or partners (attach additiona names,

addresses, phone No.'s and social security No.'s on separate sheet

(1). Name: Home Phone:

Social Security Number: - -

Address (not P.O. Box) Street Address

City State Zip

(2). Name: Home Phone:

Social Security Number: - -

Address (not P.O. Box) Street Address

City State Zip

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

Is the business  Retail  Wholesale  Both Percent \_\_\_\_\_% Wholesale \_\_\_\_\_% Retail  Manufacturer  Amusement

10. Reason 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 of the business you ar purchasing.

11. This applicatin must be received within 20 days from commencement of business or penalty and interest apply\*

\* Minimum Fee.....\$15.00

\* Penalty - (5% for each 30 days or fraction thereof not to exceed 25%).....\$ \_\_\_\_\_

\* Interest ( per annum from delinquent date until paid) ( X No. days delinqu.....\$ \_\_\_\_\_

\*Collection and Recording fees.....\$ 5.00

\*Total payment due, **MAKE CHECK IN THIS AMOUNT**.....\$ \_\_\_\_\_

12. THE STATEMENT 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 an officer of the corporation.)

BY: \_\_\_\_\_  
Signature of owner, partner, or corporation officer Title

13. I have read and can comply with the home occupation ordinance Signature: \_\_\_\_\_

MAIL TO: Town of Graysville, 151 MILL ST. Graysville, TN 37338