



TENNESSEE DEPARTMENT OF REVENUE
Business Tax Registration Application

RV-F1321001 (04/18)

Answer all questions below completely. Incomplete and unsigned applications will delay processing.

1. Business FEIN or SSN (<i>required</i>)	2. Start Date for Location in Jurisdiction	3. Fiscal Year End Date
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4. Type of Ownership (choose only one box below):

- | | | |
|---|--|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Partnership (<i>all types</i>) | <input type="checkbox"/> Corporation (<i>all types</i>) |
| <input type="checkbox"/> Marital Joint Ownership
Other Spouse's SSN:
_____ | <input type="checkbox"/> Limited Liability Company
(<i>choose one below</i>) | |
| <input type="checkbox"/> Estate or Trust | <input type="checkbox"/> Multi-Member LLC | <input type="checkbox"/> Single Member LLC |

5. Legal Name of Business _____

6. Primary Address (physical address where records are located; no P.O. box) _____ City _____ State _____ ZIP Code _____

7. Identify Owners, Officers, Members, or Partners (Attach additional names on separate sheet if needed. See Instructions.)

Title	Title
SSN of owner or FEIN of owning business, if available	SSN of owner or FEIN of owning business, if available
First and Last Name of Owner or Name of Owning Business	First and Last Name of Owner or Name of Owning Business
Telephone Number with Area Code	Telephone Number with Area Code
Email	Email
Address	Address
City State ZIP Code	City State ZIP Code

8. "Doing Business As" (DBA) Name (if different from #5 above) _____

9. Classification (select below or write in)
 Classification: _____

10. License Type
 Standard Business License Minimal Activity License

11. Business Location Address (physical address only; no P.O. box) _____ City _____ State _____ ZIP Code _____

12. Business Activity at this Location

13. Business Mailing Address City State Zip Code

14. Business Telephone Number Business Fax Number Business Email Address

15. Contact Name Contact Telephone Number Contact Email Address

<p>16. Signatures Required! This application must be signed by an owner, officer, member or partner of the entity listed above. Do not print or use a stamp.</p> <p>The statements made on this application are true to the best of my knowledge and belief.</p> <p>Signature: _____ Date: _____ <i>Owner, Officer, Member, or Partner</i></p> <p>Signature: _____ Date: _____ <i>Owner, Officer, Member, or Partner</i></p>	<p>For Department Use Only</p>
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**Electronic filing and payment of taxes is required for business tax.
Please visit www.TN.gov/revenue for more information.**

PLEASE NOTE: IF YOU CLOSE OR SELL YOUR BUSINESS YOU MUST CONTACT TN DEPT OF REVENUE

***The Columbia City Council has enacted a Zoning Ordinance with certain restrictions and guidelines. Please contact Paul Keltner in our Grants and Planning Department at City Hall should you have specific questions. The telephone number of the Grants and Planning Department is 931-560-1560.

***One specific restriction we are very interested in is the unlawful use or display of portable signs. Please be aware the placement of these signs on your property is illegal. The only exception is using them as a permanent sign with specific installation and placement requirements. Information to make these signs legal can be obtained from the Grants and Planning Department.


**NOTICE
PLEASE READ CAREFULLY**

The only condition precedent to the issuance of a business license is payment of a business tax. Receipt of this license does not that the location of the business meets the requirements of the municipal zoning, fire, electrical or building code ordinances.

An individual who violates the municipal ordinances listed above cannot use the issuance of a business license as defense. Violations of these ordinances will be enforced as prescribed therein, regardless of the possession or non-possession of the business license required by Tennessee Code Annotated Section 67-4-723.

The City of Columbia urges each person who receives a business license to check with the appropriate officials, including the Director of Grants and Planning, the Fire Chief, and the Building Inspector in order to determine if the location of the business meets the requirements of all municipal ordinances.

CITY OF COLUMBIA

BY 
Thad H Jablonski, City Recorder

I have read the above Notice, and fully understand that the issuance of a business license does not have any bearing on whether or not the location of my business violates any municipal ordinances.

This the _____ day of _____, 20____.

Signature of Owner

BUSINESS NAME _____
BUSINESS ADDRESS _____

BUSINESS LOCATION VERIFIED BY: _____