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# BUSINESS LICENSE

**CITY OF LAFOLLETTE**
207 SOUTH TENNESSEE AVENUE
LAFOLLETTE, TN 37766
423-562-4961

EXACT BUSINESS NAME: _____

CORPORATE BUSINESS NAME: _____

TYPE OF OWNERSHIP: ☐ Proprietorship ☐ Partnership ☐ Corporation ☐ Other

OPENING DATE: _____ SALES TAX ID.NO: _____

PHONE NUMBER(S): _____

EXACT NATURE OF BUSINESS ACTIVITY: _____

_____

PHYSICAL BUSINESS ADDRESS: _____
(DO NOT USE A P.O. BOX)

_____

☐ Prefer Notices Mailed

OTHER MAILING ADDRESS: _____

_____

☐ Prefer Notices Mailed

Identify the owner(s), officers, and/or partners (attach additional sheets if necessary):

| | | |
|---|---|---|
| Last Name First Name MI | Social Security Number | ☐ Proprietor ☐ Partner ☐ Officer ☐ Other |
| Address | City State Zip | Phone Number |
| Last Name First Name MI | Social Security Number | ☐ Proprietor ☐ Partner ☐ Officer ☐ Other |
| Address | City State Zip | Phone Number |
| Last Name First Name MI | Social Security Number | ☐ Proprietor ☐ Partner ☐ Officer ☐ Other |
| Address | City State Zip | Phone Number |
| **TOTAL APPLICATION FEE *** | | **$20.00** |
| **This application must be received within twenty (20) days from the commencement of business or penalty and interest will apply.** | | |

**THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**
The individual/owner, partner, or an officer of the corporation must sign application.

_____ _____
SIGNATURE OF OWNER, PARTNER, OR CORPORATE OFFICER DATE

***MAIL COMPLETED APPLICATION AND PAYMENT TO:*** **CITY OF LAFOLLETTE**
**207 SOUTH TENNESSEE AVENUE**
**LAFOLLETTE, TN 37766**