APPLICATION FOR BUSINESS LICENSE

CITY OF LAFOLLETTE
207 South Tennessee Avenue
LaFollette, TN 37766

EXACT BUSINESS NAME: _____

CORPORATE BUSINESS NAME: _____

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

OPENING DATE: _____ **SALES TAX I.D. 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	Officer	Partner	Other
				☐	☐	☐	☐
Address			City / State / Zip	Phone Number			
Last Name	First Name	MI	Social Security Number	Proprietor	Officer	Partner	Other
				☐	☐	☐	☐
Address			City / State / Zip	Phone Number			
Last Name	First Name	MI	Social Security Number	Proprietor	Officer	Partner	Other
				☐	☐	☐	☐
Address			City / State / Zip	Phone Number			
TOTAL APPLICATION FEE*			**$30.00**				

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