



CITY OF ELIZABETHTON
Department of Finance
Requirements for Application for Business Tax License

IMPORTANT – PLEASE READ

In order to obtain a city business license, you must complete the following process in its stated order:

- 1) You must have a *fire inspection* completed. Call to make an appointment. (You will receive a report.)
Jack Buckles, Fire Marshal 423-547-6391

- 2) You must have a *backflow prevention* inspection completed. Call to obtain required information or make an appointment.
David Tolley, Water Department 423-547-6313 or 423-895-0163

- 3) You must receive an *occupancy permit*. Call to make an appointment to meet the Electrical and Building Inspectors at the place of business. (You will receive an occupancy permit.)
Robert Montgomery, Building Department 423-542-1503

- 4) Complete the *Application for Business Tax License* below.

- 5) You will need to mail or take to City Hall all of the paperwork that you have received in the previous steps, the completed Application for Business Tax License, and a \$20.00 payment. Please call before visiting City Hall.
Jennifer Murphy, Business License 423-542-1518
..... Jennifer Murphy
City of Elizabethton
136 South Sycamore St.
Elizabethton, TN 37643-3328

There is a \$20.00 fee for the initial business license and a \$10.00 fee for an occupancy permit. All questions must be answered completely in the application below and proper payment must be made. Any incomplete applications will be returned.



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 Application for Business Tax License

1. Opening Date of Business at this Location: _____ / _____ / _____

2. Exact Business Name and Location

 Name (give trade name at this location)

 Street, Highway (Do not use P.O. Box)

 City State Zip

() _____

3. Business Phone Number (INCLUDE AREA CODE)

6. State Sales Tax Number

_____ Applied For Not Required

7. Type of Ownership

Proprietorship Partnership Corporation – Enter date of incorporation or domestication in Tennessee: _____ / _____ / _____

Other: Corporation Name: _____

8. Identify owners, officers and/or partners (attach additional names, addresses, phone numbers and SSN on separate sheet).

 Name Home Phone SSN

 Home Address (not P.O. Box) Street Address City State Zip

 Name Home Phone SSN

 Home Address (not P.O. Box) Street Address City State Zip

 Name Home Phone SSN

 Name Home Phone SSN

 Home Address (not P.O. Box) Street Address City State Zip

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

 Is the business: Retail Wholesale Both (_____ % Wholesale _____ % Retail) Manufacturer Amusement Service

