



City of Chattanooga

Business Tax License Application

Remit \$15.00 with the form to complete the application Mail the application and payments to 101 E 11th St., Room 100 Chattanooga, TN 37402. Make payments to "City of Chattanooga". Call us at (423) 643-7262 or send us an email at busl@chattanooga.gov for information. Answer all questions below. **INCOMPLETE APPLICATIONS WILL BE RETURNED**

1. Business FEIN, ITIN, OR SSN (Required)	2. Start Date of Business in Chattanooga (Required)	Date of Application (Required)
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3. Fiscal Year End Date (Choose only one date; A December fiscal year end date is required for all sole proprietorships & Marital Joint Ownerships)**[Required]**

<input type="checkbox"/> Jan.	<input type="checkbox"/> Feb.	<input type="checkbox"/> Mar.	<input type="checkbox"/> Apr.	<input type="checkbox"/> May	<input type="checkbox"/> Jun.	<input type="checkbox"/> Jul.	<input type="checkbox"/> Aug.	<input type="checkbox"/> Sept.	<input type="checkbox"/> Oct.	<input type="checkbox"/> Nov.	<input type="checkbox"/> Dec.
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4. Type of Ownership Structure (Choose only one ownership structure)**[Required]**

<input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> MARITAL JOINT OWNERSHIP List your Spouse's ITIN or SSN on the line below: <hr/> <p>*ITIN or SSN is required to be listed for these ownership types</p>	<input type="checkbox"/> PARTNERSHIP (ALL TYPES) <input type="checkbox"/> MULTI-MEMBER LLC <input type="checkbox"/> ESTATE OR TRUST <p>*FEIN IS REQUIRED TO BE LISTED FOR THESE OWNERSHIP TYPES CONTACT THE SECRETARY OF STATE TO DETERMINE WHAT YOUR BUSINESS NEEDS TO BE LEGALLY RECOGNIZED IN THE STATE OF TENNESSEE. (615) 741-2286</p>	<input type="checkbox"/> CORPORATION (ALL TYPES) <input type="checkbox"/> SINGLE MEMBER LLC
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5. Legal Name of Business (This is the name on file with the TN Secretary of State, or the owner's name for a Sole Proprietorship or Marital Joint Ownership) **[Required]**

6. Primary Address (Physical address or mail office location where records are located, no P.O. Boxes are allowed) **[Required]**

Street Address _____ City _____ State _____ Zip Code _____

7. Identify Owners, Officer, Members, or Partners (Attach additional names on a separate sheet if needed) **[Required]**

TITLE (E.G. OWNER, OFFICER, MEMBER, PARTNER EXT.) [Required]	TITLE (E.G. OWNER, OFFICER, MEMBER, PARTNER EXT.) [Required]
SSN OF INDIVIDUAL, OR FEIN IF OWNED BY AN ENTITY [Required]	SSN OF INDIVIDUAL, OR FEIN IF OWNED BY AN ENTITY [Required]
FIRST & LAST NAME OF OWNER OR ENTITY NAME IF APP. [Required]	FIRST & LAST NAME OF OWNER OR ENTITY NAME IF APP. [Required]
OWNER PHONE NUMBER [Required]	OWNER PHONE NUMBER [Required]
HOME ADDRESS OF OWNER [Required]	HOME ADDRESS OF OWNER [Required]
CITY _____ STATE _____ ZIP _____	CITY _____ STATE _____ ZIP _____

