



Mail to:
CITY OF COOKEVILLE
 Business License
 P.O. Box 998
 Cookeville, TN. 38503-0998
 (931) 520-5250

DEPARTMENT USE ONLY
 Date written _____
 Account Number _____
 License Number _____
 Classification _____
 Zoning Confirmation _____

Opening date of business at this location: _____

EXACT BUSINESS NAME AND LOCATION
 Name (Give trade name at this location) _____
 Address and street name (Do not use P.O. Box) _____
 City _____ State _____ Zip _____
 Business Phone Number (Include Area Code) _____

BUSINESS MAILING ADDRESS
 Name (Enter corporate if applicable) _____
 Address and street name or P.O. Box _____
 City _____ State _____ Zip _____
 Federal Employers I.D. Number _____ Applied for
 _____ Not required

Tennessee State Sales Tax Number: _____ Applied for Not required

Type of Ownership: Proprietorship Partnership LLC Other _____
 Corporation – Enter date of incorporation or domestication in Tennessee _____
 Name of Corporation or LLC: _____

Identify owners, officers and/or partners (If additional space is necessary, use reverse or attach on separate sheet.)

(1) _____
 Name _____
 Address and street name (Do not use P.O. Box) _____
 City _____ State _____ Zip _____

Home Phone #: _____
 Social Security #: _____
 Drivers license #: _____

(2) _____
 Name _____
 Address and street name (Do not use P.O. Box) _____
 City _____ State _____ Zip _____

Home Phone #: _____
 Social Security #: _____
 Drivers license #: _____

Describe the business activity at this location, stating the major products sold and/or services rendered in the order of greatest to least money generated:

The business is: Retail Wholesale Both Percent _____% Retail Percent _____% Wholesale Service

Do you operate more than one business location in Cookeville or Tennessee? No Yes (If yes, please list name and location.)

REASON FOR FILING THIS APPLICATION: New business Change in corporate structure Change in ownership
 Purchase of an existing business (Enter the name of the business you are purchasing.)

** This application must be received within 20 days from commencement date of business or penalty and interest apply. **

MINIMUM FEE.....\$ 15.00
 COLLECTING & RECORDING FEE\$ 5.00
TOTAL PAYMENT DUE..... MAKE CHECK PAYABLE TO THE CITY OF COOKEVILLE.....\$ 20.00

THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.
 (This application must be signed by the individual/owner, by a partner, or by an officer of the corporation or LLC)

SIGNATURE _____ TITLE _____ DATE _____