

CITY OF LAFOLLETTE CERTIFICATE OF COMPLIANCE

BUSINESS LICENSE

This is to certify that:

Name of Applicant:

Corporation Name:

Business Address:

Mailing Address:

Has made application for a Certificate of Compliance to operate a business in the City of LaFollette in Campbell County, Tennessee with a physical address of:

Address:

And that an investigation has been undertaken of the above mentioned applicant's personal record and of the location of said business, and from said investigation the undersigned certify that:

1. The applicant(s) have secured a location which lies within the corporate city limits of LaFollette, Tennessee, and which complies with all applicable municipal codes, zoning laws, and ordinances adopted therein by the City of LaFollette.

Signed this _____ day of _____

City Clerk

Codes Enforcement



TENNESSEE DEPARTMENT OF REVENUE
Business Tax Registration Application

RV-F1321001 (05/18)

Answer all questions below completely. Incomplete and unsigned applications will delay processing.

1. Business FEIN or SSN (required)	2. Start Date for Location in Jurisdiction	3. Fiscal Year End Date
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4. Type of Ownership (choose only one box below):

- | | | |
|--|--|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Partnership (all types) | <input type="checkbox"/> Corporation (all types) |
| <input type="checkbox"/> Marital Joint Ownership
Other Spouse's SSN:
_____ | <input type="checkbox"/> Limited Liability Company
(choose one below) | |
| <input type="checkbox"/> Estate or Trust | <input type="checkbox"/> Multi-Member LLC | <input type="checkbox"/> Single Member LLC |

5. Legal Name of Business

6. Primary Address (physical address where records are located; no P.O. box) City State ZIP Code

7. Identify Owners, Officers, Members, or Partners (Attach additional names on separate sheet if needed. See Instructions.)

Title	Title
SSN of owner or FEIN of owning business, if available	SSN of owner or FEIN of owning business, if available
First and Last Name of Owner or Name of Owning Business	First and Last Name of Owner or Name of Owning Business
Telephone Number with Area Code	Telephone Number with Area Code
Email	Email
Address	Address
City State ZIP Code	City State ZIP Code

8. "Doing Business As" (DBA) Name (if different from #5 above)

9. Classification (select below or write in)

Classification:

10. License Type

- Standard Business License Minimal Activity License

11. Business Location Address (physical address only; no P.O. box) City State ZIP Code

12. Business Activity at this Location _____

13. Business Mailing Address _____ City _____ State _____ Zip Code _____

14. Business Telephone Number _____ Business Fax Number _____ Business Email Address _____

15. Contact Name _____ Contact Telephone Number _____ Contact Email Address _____

16. Signatures Required! This application must be signed by an owner, officer, member or partner of the entity listed above. Do not print or use a stamp.

For Department Use Only

The statements made on this application are true to the best of my knowledge and belief.

Signature: _____ Date: _____
Owner, Officer, Member, or Partner

Signature: _____ Date: _____
Owner, Officer, Member, or Partner

Electronic filing and payment of taxes is required for business tax.
Please visit www.TN.gov/revenue for more information.