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 bus Campbell County, Tennessee with a physical address of:	siness in the City of LaFollette in
Address:	
And that an investigation has been undertaken of the above mentione of the location of said business, and from said investigation the under	ed applicant's personal record and signed certify that:
 The applicant(s) have secured a location which lies within the Tennessee, and which complies with all applicable municipal c adopted therein by the City of LaFollette. 	corporate city limits of Lafollette, odes, zoning laws, and ordinances
Signed this day of	
ity Clerk	Codes Enforcement





TENNESSEE DEPARTMENT OF REVENUE Business Tax Registration Application

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

Business FEIN or SSN (required)	2. Start Date for Location	on in Jurisdiction	3. Fiscal Year End D	3. Fiscal Year End Date		
4. Type of Ownership (choose only one	box below):					
Sole Proprietorship	Partnership	(all types)	Corporation (all types)			
Marital Joint Ownership Other Spouse's SSN:	Limited Liab (choose one bel					
Estate or Trust	Single Memb	mber LLC				
5. Legal Name of Business	. SEC. SQL To To SEC. (II) TO SEED TO SECTION TO SECTI					
6. Primary Address (physical address w	here records are located; no	P.O. box)	City State	ZIPCode		
7. Identify Owners, Officers, Members, o	or Partners (Attach additiona	I names on separate she	et if needed. See Instruc	tions.)		
Title		Title				
SSN of owner or FEIN of owning busine	SSN of owner or FEIN of owning business, if available					
First and Last Name of Owner or Name	First and Last Name of Owner or Name of Owning Business					
Telephone Number with Area Code	от на при на На при на при	Telephone Number w	rith Area Code	Kitya Makesian Kity Parusilan Indonesia metanyarah punah		
Email		Email				
Address	etter gestalle state ander grejtelijke var de en men de verg et vinner til kan de verbreidelijke opprevense som	Address	uati 4 gizi kersanayi atawa gi ini tisti pilapina dina majipi atawa anakenza tamba aka akan isan kapipanya.	itti endlinusm virjus dilinuksyas salassumatuvujus, aveijus e		
City	State ZIP Code	City	State	ZIP Code		
3. "Doing Business As" (DBA) Name (if o	different from #5 above)	A STATE OF A STATE OF THE STATE	THE STATE OF THE S	antonesia. Bedagastennis a spaja		
Classification (select below or write i	n)					
). License Type Standard Business Lincense	Minimal Activity License	2				
. Business Location Address (physical a	ddress only; no P.O. box)	City	State	ZIP Code		

Contraction of the						
12	. Business Activity at this Location	энсэр (от төрөс) чин өө далаат үссөү үссөү чөгөнөг хийд хибчин үс нь	Per entre della della della collega della della della collega della della della della della della della della d	en e		CENTRAL MANUFACTURE AND MANUFACTURE AND CONTRACT SECURIOR MANUFACTURE AND CONTRACT
13	Business Mailing Address	ndin oo	City	Sta	ate	Zip Code
14.	Business Telephone Number	Business Fax Numb	er	Business Em	ail Address	Marrie 3 percentant pour paper de la constante
15.	Contact Name	Contact Telephone N	lumber	Contact Emai	l Address	
16.	Signatures Required! This application n of the entity listed above. Do not print of	nust be signed by an over use a stamp.	wner, officer, mo	ember or partner	For Depa	rtment Use Only
	The statements made on this application as					
	Signature;Owner, Officer, Membe	er, or Partner	Date:			
rest.	Signature:Owner, Officer, Membe	r, or Partner	Date:	STACKSTONETACKSTONIANTER STATE ORIGINALISM		

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