

FOR DEPARTMENT USE ONLY

APPLICATION FOR BUSINESS TAX LICENSE

TOWN OF KIMBALL

Date Received: _____

675 Main Street

Date Written: _____

Kimball, TN 37347

License No: _____

ANSWER ALL QUESTIONS COMPLETELY AND

(423) 837-7040

Classification: _____

REMIT PROPER PAYMENT DUE

Incomplete Applications Will be Returned to You

*** READ CAREFULLY ***

1. OPENING DATE OF BUSINESS AT THIS LOCATION:

2. EXACT BUSINESS NAME AND LOCATION

3. BUSINESS MAILING ADDRESS

Name (give trade name at this location)

Name (enter corporate if applicable)

Street, Highway (Do not use PO Box)

Street, Highway, Route or PO Box Number

City State Zip

City State Zip

4. Business Phone Number (including AREA CODE)

5. Federal Employers ID Number

6. State Sales Tax Number

7. Type of Ownership

8. Identify owners, officers and/or partners (attach additional names, addresses, phone No's and social security No's on separate sheet

(1) Name	Home Phone Number	SSN	
Address (no PO Box)	City	State	Zip
(2) Name	Home Phone Number	SSN	
Address (no PO Box)	City	State	Zip

9. Please check the zoning the business is to be located in

R-1 Residential R-2 Residential C-2 Highway Business

F-1 Flood Hazard A-1 Agricultural I-1 Industrial

** Zoning Regulation may prevent the operation of the business requested **

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

Is this business Retail Wholesale Both Manufacturer Amusement

Percent ___% Wholesale Percent ___ % Retail

11. Do you operate more than one business location in Kimball and Tennessee?

No Yes - How many additional locations? (Attach additional names and addresses)

12. Have you ever had a Town of Kimball Business Tax License prior to now? Yes No

If YES give the name and address of your last business

Name Address City State Zip

13. REASON FOR FILING THIS APPLICATION Starting new Business Change in corporate structure
Change in ownership of, or the purchase of an existing business. Enter the name of the business you are purchasing.

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

Minimum Fee..... \$15.00

Penalty - (5% for each 30 days or fraction thereof not to exceed 25%).....

Interest (per annum from delinquent date until paid) x number of days delinquent.....

Registration Fee..... \$5.00

Total payment due. MAKE CHECK IN THIS AMOUNT.....

15. THE STATEMENT MADE IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

This application must be signed by the individual/owner, or by a partner, or by an officer of the corporation.

By: Signature of owner, partner, or corporation officer Title Date