



**City of Murfreesboro
Business Tax Registration Application
P.O. Box 1139
Murfreesboro, TN 37133-1139
615-893-5210**

Application Fee: \$15.00

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"/> Estate or Trust
<input type="checkbox"/> Corporation (all types)	<input type="checkbox"/> Limited Liability Company (choose one)	<input type="checkbox"/> Marital Joint Ownership <small>Other Spouses SSN (required)</small>
	<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
Phone Number with Area Code	Phone 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 _____ 9A. Sales Tax Number, if available _____

10. License Type
 Standard Business License (annual gross income \$10,000+) Minimal Activity License (annual gross income \$3,000-\$10,000)

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 Phone Number Business Fax Number Business Email

15. Contact Name Phone Number Contact Email

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

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

For Department Use Only:	
Date:	
Business License #:	
Check or CC#:	Amount:
By:	
Notes:	

(67-5815) Final return and payment – Liability of purchaser – If any person liable for any tax, interest or penalty levied hereunder shall sell out his business of good or shall quit the business, he shall make a final return and payment (15) days after the date of selling or quitting the business. His successor, successors or assigns if any shall withhold sufficient of the purchase money to cover the amount of such taxes, interest and penalties due and unpaid until such former owner shall produce a receipt from the State of Tennessee showing that they have been paid or certificate stating that no taxes, interest or penalties are due. If the purchaser of a business or stock of goods shall fail to withhold the purchase money as above provided, he shall be liable for the payment of the taxes, interest and penalties accruing and unpaid and the account of the operation of the business by any former owners or assigns. Acts 1971 Ch. 387.15

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

Identify Owners, Officers, Members, or Partners

Title	Title
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First and Last Name of Owner or Name of Owning Business	First and Last Name of Owner or Name of Owning Business
Phone Number with Area Code	Phone Number with Area Code
Email	Email
Address	Address
City State ZIP Code	City State ZIP Code

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