CITY OF MARYVILLE

412 W BROADWAY
MARYVILLE TN 37801
865-273-3499
BUSINESS LICENSE APPLICATION

FOR DEPARTMENT USE ONLY

Date Received:

Classification:

Congratulations packet: YES NO

1. Opening Date of Business at this Location:

2. EXACT BUSINESS NAME AND LOCATION	3. BUSINESS MAILING ADDRESS
Street, Highway (Do Not Use P.O. Box)	Street, Highway , Route, or P.O. Box Number
City State Zip	City State Zip
4. Business Phone Number (INCLUDE AREA CODE)	5. Federal Employer's I. D. No. _____Applied For ____ Not Required

6. State Sales Tax Number for this location: ____Applied For ____ Not Required

7. Type of Ownership: ____ Proprietorship ____ Partnership ____ Other:
____ Corporation - Enter date of incorporation or domestication in Tennessee: ____/____/____

Name of Corporation:

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 No. ( ) -	Social Security No. - -
Street Address (not P.O. Box)	City State Zip	
(2) Name	Home Phone No. ( ) -	Social Security No. - -
Street Address (not P.O. Box)	City State Zip	

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

10: Is the business ____ Retail ____ Wholesale ____ Both ____ Manufacturer ____ Amusement

11. Driver's License No.'s for above Owner(s)
#1 _____ State _____
#2 _____ State _____
#3 _____ State _____

12. Do you operate more than one business location in Maryville and Tennessee? (If yes, attach additional names & addresses)
____No ____ Yes - How many additional locations?

13. REASON FOR FILING THIS APPLICATION: ____ Starting a new business ____Change in corporate structure ____out of state contractor/subcontractor
____ Change in the ownership of, or purchase of an existing business. Enter the name of the business you are purchasing:_____

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

* Minimum Fee ..... $ 15.00
* Penalty ..... (5% per 30 days/max. 25%)..... $_____
* Interest .....(7.25% (.0001986) per annum from delinquent date until paid)
(_____X days delinquent)..... $_____

* Total payment due..... $_____ **MAKE CHECK PAYABLE TO CITY OF MARYVILLE**

15. I HAVE READ AND CAN COMPLY WITH THE HOME OCCUPATION APPLICATION: _____Yes ____ No _____N/A

16. 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, or by a partner, or by an officer of the corporation.)

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

17. Signature of Approving City of Maryville Zoning Official: _____ Date: _____/____/____

Update 12/16/09