

**LAWRENCE COUNTY CLERK
NEW BUSINESS APPLICATION**

*Remit \$15.00 with this form to complete application. Make check payable to "Lawrence County Clerk", and mail to
Lawrence County Clerk, 200 West Gaines, Suite 103, Lawrenceburg, TN 38464.*

ALL QUESTIONS MUST BE ANSWERED COMPLETELY. INCOMPLETE AND UNSIGNED APPLICATIONS WILL DELAY PROCESSING. FOR ASSISTANCE, PLEASE CONTACT OUR OFFICE AT (931) 766-4176.

1. License Type: <input type="checkbox"/> Standard (Gross Receipts over \$100K) <input type="checkbox"/> Minimal Activity (Gross Receipts \$3,000-\$100,000)			
2. Fiscal Year End:		3. Date Business began in TN at this location:	
4. BUSINESS NAME AND EXACT LOCATION		5. BUSINESS MAILING ADDRESS	
BUSINESS NAME		NAME (ENTER LEGAL NAME (DBA), IF DIFFERENT)	
STREET, HIGHWAY (DO NOT USE P.O. BOX NUMBER OR RURAL ROUTE NUMBER)		P.O. BOX, STREET, ROUTE, OR HIGHWAY	
APARTMENT OR SUITE NUMBER		APARTMENT OR SUITE NUMBER	
CITY STATE ZIP CODE		CITY STATE ZIP CODE	
6. COUNTY BUSINESS IS LOCATED IN <i>Lawrence</i>		7. BUSINESS TELEPHONE NUMBER	8. CONTACT PERSON'S NAME
IS BUSINESS LOCATED INSIDE A TN CITY? <input type="checkbox"/> NO <input type="checkbox"/> YES (if yes, name of city) _____	BUSINESS FAX NUMBER	CONTACT E-MAIL ADDRESS	
10. CURRENT SALES TAX NUMBER FOR THIS BUSINESS LOCATION (if applicable):			
11. TYPE OF OWNERSHIP (SELECT ONE): <i>Business FEIN or SSN is required</i>			
<input type="checkbox"/> Sole Proprietorship SSN: _____			
<input type="checkbox"/> Estate or Trust FEIN: _____			
<input type="checkbox"/> Corporation (all types) FEIN: _____			
<input type="checkbox"/> Multi-Member LLC FEIN: _____ <input type="checkbox"/> Single-Member LLC FEIN: _____			
<input type="checkbox"/> Partnership (all types) FEIN: _____ (Marital Partnerships, See Marital Joint Ownership below)			
<input type="checkbox"/> Marital Joint Ownership (both spouse's SSN: _____, _____)			
12. DESCRIBE THE BUSINESS ACTIVITY AT THIS LOCATION, STATING THE MAJOR PRODUCTS AND/OR SERVICES SOLD			
13. IDENTIFY OFFICERS, PARTNERS, INDIVIDUAL, OR COMPANY OWNERS (attach additional names/info on separate sheet if needed)			
(1) NAME	TELEPHONE	<input type="checkbox"/> SOCIAL SECURITY NUMBER <u>or</u> <input type="checkbox"/> FEDERAL EIN	
HOME ADDRESS (DO NOT USE P.O. BOX #)	CITY	STATE	ZIP CODE
E-MAIL			
(2) NAME	TELEPHONE	<input type="checkbox"/> SOCIAL SECURITY NUMBER <u>or</u> <input type="checkbox"/> FEDERAL EIN	
HOME ADDRESS (DO NOT USE P.O. BOX #)	CITY	STATE	ZIP CODE
E-MAIL			
14. THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (THIS APPLICATION MUST BE SIGNED BY THE INDIVIDUAL OWNER, A PARTNER, OR AN OFFICER OF THE CORPORATION. THE SIGNATORY MUST ALSO BE LISTED IN #13.)			
SIGN HERE:			

SIGNATURE of OWNER, PARTNER, or OFFICER (DO NOT PRINT OR USE STAMP)			

TITLE and DATE			
*If applying for a minimum activity license, anticipated Gross Receipts must be less than \$100,000.			

FOR OFFICIAL USE ONLY		
Date Received	Classification	Account #