



TENNESSEE DEPARTMENT OF REVENUE
Application for Registration

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

1. Legal Name of Applicant

2. DBA Name (If different from above)

3. Business Location Address (Physical address only; no P.O. Box) City State Zip

4. Mailing Address City State Zip

5. Legal Address (Physical address where business records are kept; no P.O. Box) City State Zip

6. Business Telephone Number Business Fax Number Business Email Address

7. Contact Name Contact Telephone Number Contact Email Address

8. Start Date in Tennessee 9. Fiscal Year End Date 10. FEIN or SSN

11. Type of Ownership:

- Ownership options including Sole Proprietorship, Partnership, Corporation, LLC, and various trusts.

12. Tennessee Secretary of State Control Number Primary State of Charter/Registration

13. Taxes to Register for on this Application:

- Tax categories including Sales and Use, Franchise and Excise, Business Classification, Auto Rental Surcharge, Bail Bonds, Beer Barrelage, Bottlers, Brand Registration, Coal Severance, Crude Oil/Natural Gas Severance, Fantasy Sports, Utilities, Liquor, Tobacco, Used Oil Fee, Wholesale Beer, Wholesale Gallonage, Wine Direct Shipper, Winery, and Tire Fee.

Note: Electronic filing and payment of taxes is required for sales and use tax, franchise and excise tax, tobacco tax, liquor-by-the-drink tax, and business tax. Please visit www.tn.gov/revenue for more information. \* Requires Bond

14. **Please Complete this Section if Registering for Sales Tax**

Will your gross sales exceed \$4,800 per year?  Yes  No

Will your taxable services exceed \$1,200 per year?  Yes  No

Do you have suppliers (in-state or out-of-state) who do not collect Tennessee sales tax?  Yes  No

Note: If all three of the above are "no," you do not need a sales tax number. You must make your resale purchases from Tennessee suppliers and pay the Tennessee sales tax to the suppliers at time of purchase.

15. **Series LLC Entity Information**

FEIN for Master LLC: \_\_\_\_\_

Entity Name for Master LLC: \_\_\_\_\_

Location Address for Master LLC: \_\_\_\_\_

Telephone Number for Master LLC: \_\_\_\_\_

State of Domestic Certificate of Authority for Master LLC: \_\_\_\_\_

16. **Nature of Business**

Manufacturing  Service  Wholesale  Retail  Both Wholesale/Retail  Contractor  Other

17. Business Activity	18. NAICS Code (if known)
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19. **Identify Owners, Officers, Members, or Partners (Attach additional names on separate sheet. See Instructions.)**

Legal Name	Legal Name
Title	Title
SSN or FEIN	SSN or FEIN
Address	Address
City State Zip	City State Zip
Telephone Number	Telephone Number
Email Address	Email Address

20. The statements made on this application are true to the best of my knowledge and belief. <b>This application must be signed by an individual, owner, partner, or officer of the entity listed above. Do not print or use a stamp.</b>	<b>For Department Use Only</b>
<b>Signature:</b> _____ <b>Date:</b> _____ <i>Owner, Partner, or Officer</i>	