



CITY OF EAST RIDGE NEW BUSINESS APPLICATION

Remit \$15 with completed application.
Make checks payable to City of East Ridge.
Mail to:
1517 Tombras Avenue,
East Ridge, TN 37412

ALL QUESTIONS MUST BE ANSWERED COMPLETELY. **INCOMPLETE AND UNSIGNED APPLICATIONS WILL DELAY PROCESSING.** FOR ASSISTANCE, PLEASE CONTACT CITY OF EAST RIDGE BUSINESS LICENSE DEPARTMENT 423-867-7711

1a. INDICATE THE CLASSIFICATION IN WHICH YOU ARE REGISTERING. CLASSIFICATION IS DETERMINED BY THE DOMINANT BUSINESS ACTIVITY. INDICATE ONLY ONE CLASSIFICATION.

___Classification 1A ___Classification 1C ___Classification 1E ___Classification 3
___Classification 1B ___Classification 1D ___Classification 2 ___Classification 4

1b. License Type: Standard Minimal Activity
Gross Receipts: (over \$10,000) (\$3,000 - \$10,000)

1c. Fiscal Year (July 1 - June 30) End: _____

2. REASON FOR APPLYING: 1. Renew Minimal Activity License Acct No: _____
 2. New Business 3. Additional Location 4. Purchase of existing business

3. DATE BUSINESS BEGAN IN TENNESSEE AT THIS LOCATION: _____

4. BUSINESS NAME AND EXACT PHYSICAL LOCATION

BUSINESS NAME (NAME OF ENTITY D.B.A.)

STREET, HIGHWAY (DO NOT USE P.O. BOX NUMBER OR RURAL ROUTE NUMBER)

APARTMENT OR SUITE NUMBER

East Ridge TN 37412
CITY (SHOULD BE EAST RIDGE, TN) STATE ZIP CODE

5. BUSINESS MAILING ADDRESS

NAME (ENTER LEGAL NAME, IF DIFFERENT)

P.O. BOX, STREET, ROUTE, OR HIGHWAY

APARTMENT OR SUITE NUMBER

CITY STATE ZIP CODE

6. COUNTY IN WHICH BUSINESS IS LOCATED
HAMILTON
IS BUSINESS LOCATED INSIDE A TENNESSEE CITY?
 NO YES
(If Yes, Name of City) _____

7. BUSINESS TELEPHONE NUMBER

BUSINESS TELEPHONE NUMBER

Include at least one local phone number

8. CONTACT PERSON'S NAME

CONTACT E-MAIL ADDRESS

9. ENTER FEDERAL EMPLOYER'S IDENTIFICATION # APPLIED FOR NOT REQUIRED

10. CURRENT SALES TAX NUMBER FOR THIS BUSINESS LOCATION APPLIED FOR NOT REQUIRED

11. TYPE OF OWNERSHIP (SELECT ONE): Corporation S Corporation Partnership
 Proprietorship Limited Partnership Husband/Wife LLC LLP PLLC PRLLP
 Co-Op Bank Sav Loan Credit Union F/Institute

12. TENNESSEE SECRETARY OF STATE IDENTIFICATION #, IF APPLICABLE: _____

13. DESCRIBE THE BUSINESS ACTIVITY AT THIS LOCATION, STATING THE MAJOR PRODUCTS AND/OR SERVICES SOLD:

14. IDENTIFY OFFICERS, PARTNERS, OR INDIVIDUAL OR COMPANY OWNERS

(1) NAME HOME TELEPHONE # SOCIAL SECURITY # FEDERAL EIN
HOME ADDRESS (DO NOT USE P.O. BOX #) CITY STATE ZIP CODE
 Member Officer Partner Owner - Individual Owner - Company Contact Person

(2) NAME HOME TELEPHONE # SOCIAL SECURITY # FEDERAL EIN
HOME ADDRESS (DO NOT USE P.O. BOX #) CITY STATE ZIP CODE
 Member Officer Partner Owner - Individual Owner - Company Contact Person

15. 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. THIS SIGNATORY MUST ALSO BE LISTED IN ITEM 14.)
SIGN HERE: _____
SIGNATURE OF OWNER, PARTNER, or OFFICER (DO NOT PRINT OR USE STAMP)

TITLE DATE

FOR OFFICIAL USE ONLY
Date Received: _____
Class: _____
Code: _____
Local Account #: _____