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 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 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 LOCATION	**5. BUSINESS MAILING ADDRESS**
BUSINESS NAME	NAME (ENTER LEGAL NAME, 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 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 FAX 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 ☐ Llimited Partnership ☐ Husband/Wife ☐ LLC ☐ LLP ☐ PLLC ☐ PRPLLP
☐ 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. THE SIGNATORY MUST ALSO BE LISTED IN ITEM 14.)**

SIGN HERE: _____
SIGNATURE of OWNER, PARTNER, or OFFICER **(DO NOT PRINT OR USE STAMP)**

If applying for a minimum activity license, anticipated Gross Receipts must be less than $10,000

_____
TITLE *DATE*

FOR OFFICIAL USE ONLY

Date Received _____

Class _____

Code _____

Account # _____