

Instructions: Business Tax Registration Application

General Information

The Business Tax Application is used to apply for tax registration for Tennessee's business tax. This application cannot be used to register for other Tennessee tax obligations. Businesses must register for sales tax, franchise and excise tax, and other taxes online at www.TN.gov/revenue or by paper application.

Registration for business tax using this application will not be complete until you have paid the business license fee and obtained your business license from the appropriate county clerk and, if applicable, your city business tax official.

You must submit a fully completed the application in a timely manner to ensure that you are properly registered for this tax or you may make your application online. For information on how to register your business online, visit the Tennessee Department of Revenue's website at www.TN.gov/revenue and click on E-file and Pay.

You must complete one application for each business location. Upon registration, your county clerk or city official will issue your business tax license. A \$15 fee is required for your initial license. Once registered, the local licensing official will send your record electronically to your city or county official based on your location. You must also pay the required \$15 fee for the initial license at the appropriate city/county official's office.

A standard business license is renewed by the annual payment of tax to the Tennessee Department of Revenue. Once this tax is paid each year, the county clerk or city official will provide a license for the next year. There is no charge for a renewal license.

Business tax minimal activity licenses are renewed each year by payment of an annual \$15 fee.

It is important that you notify the Tennessee Department of Revenue if:

- The business ownership changes in any manner including:
 - o selling or closing of the business,
 - o adding or changing partners,
 - o any transfer or change in the ownership of the business,
 - o any change in corporate structure requiring a new charter or certificate of authority; or
- The business location changes.

Instructions

- 1) Enter the business' federal employer identification number (FEIN) or the owner's social security number (SSN).
- 2) Enter the starting date for this business location (month, date, and year).
- 3) Enter the business' fiscal year end date. This is the year end date the business uses for federal tax purposes.
- 4) Enter the type of ownership for the business. If the entity is a marital joint, enter the SSN for the other spouse.
- 5) Enter the business' legal name. This is the same name used for federal tax purposes or registered with the Tennessee Secretary of State's office.
- 6) Enter the physical address for the business. This cannot be a post office box or address for a mail facility.
- 7) Enter the owner information for one or more business contacts. Complete each item. A social security number is not required. If a business is owned by another business, enter the FEIN of the owning business here. This cannot be the same as the FEIN noted under #1 above.
- 8) Enter the "doing business as" (DBA) name, if any.
- 9) Enter the business tax classification for the business. If necessary, consult the Business Tax Guide at www.TN.gov/revenue for more information about determining the proper business tax classification.

- 10) Check the box to choose the license type of standard or minimal activity. Minimum activity licenses can only be issued to businesses having less than \$10,000 in annual gross income.
- 11) Enter the business' location address, ensuring that all the information is exact and complete.
- 12) Provide a detailed description of the principal business activity at this location, including the major products and/or services sold.
- 13) Provide the business' mailing address in the space provided. A P.O. box or mailing facility address is acceptable.
- 14) Provide the business' telephone number, fax number (if any), and email address in the space provided.
- 15) Provide the contact information for the business. This will be the person who the Tennessee Department of Revenue can reach for information regarding tax filings and payments.
- 16) Signatures are required. At least one owner, officer, member, or partner must sign and date this application.



TENNESSEE DEPARTMENT OF REVENUE
Business Tax Registration Application

RV-F1321001 (04/18)

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

1. Business FEIN or SSN (<i>required</i>)	2. Start Date for Location in Jurisdiction	3. Fiscal Year End Date
---------------------------------------------	--------------------------------------------	-------------------------

4. Type of Ownership (choose only one box below):

- | | | |
|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Partnership (<i>all types</i>) | <input type="checkbox"/> Corporation (<i>all types</i>) |
| <input type="checkbox"/> Marital Joint Ownership
Other Spouse's SSN:
_____ | <input type="checkbox"/> Limited Liability Company
(<i>choose one below</i>) | |
| <input type="checkbox"/> Estate or Trust | <input type="checkbox"/> Multi-Member LLC | <input type="checkbox"/> Single Member LLC |

5. Legal Name of Business

6. Primary Address (physical address where records are located; no P.O. box) City State ZIP Code

7. Identify Owners, Officers, Members, or Partners (Attach additional names on separate sheet if needed. See Instructions.)

Title	Title
SSN of owner or FEIN of owning business, if available	SSN of owner or FEIN of owning business, if available
First and Last Name of Owner or Name of Owing Business	First and Last Name of Owner or Name of Owing Business
Telephone Number with Area Code	Telephone Number with Area Code
Email	Email
Address	Address
City State ZIP Code	City State ZIP Code

8. "Doing Business As" (DBA) Name (if different from #5 above)

9. Classification (select below or write in)

Classification:

10. License Type
- Standard Business License Minimal Activity License

11. Business Location Address (physical address only; no P.O. box) City State ZIP Code

12. Business Activity at this Location

13. Business Mailing Address

City

State

Zip Code

14. Business Telephone Number

Business Fax Number

Business Email Address

15. Contact Name

Contact Telephone Number

Contact Email Address

16. **Signatures Required! This application must be signed by an owner, officer, member or partner of the entity listed above. Do not print or use a stamp.**

For Department Use Only

The statements made on this application are true to the best of my knowledge and belief.

Signature: _____ **Date:** _____
Owner, Officer, Member, or Partner

Signature: _____ **Date:** _____
Owner, Officer, Member, or Partner

**Electronic filing and payment of taxes is required for business tax.
Please visit www.TN.gov/revenue for more information.**



City of Springfield
Community Development Department
405 N. Main Street/PO Box 788
Springfield, TN 37172
615.382.2200

MEMO

To: Business License Applicants
From: Gina Head, Senior Planner
Subject: Signs

If you choose to place a sign at your place of business, you will need to check with Gina Head in the Community Development Department **before** the sign is installed.

You will need to make sure the size of your sign is in compliance with our ordinance, and pay the necessary fee for a sign permit.

If you do not check with the Community Development Department **before** your sign is installed, you will have to bring your sign into compliance in order for it to remain.

If you have any questions, please feel free to call our office at 615.382.2200

Thank you in advance!



City of Springfield
Water/Wastewater Department
924 Central Avenue West
Springfield, TN 37172
615.382.1600

MEMO

To: Business License Applicants
From: Terry Beers, Interim Water/Wastewater Director
Subject: FOG Program (Fats, Oils, and Grease)

If you are opening a restaurant, or an establishment that prepares food, you will need to check with the Springfield Water/Wastewater Department about the requirements for grease protection of the City of Springfield's Sanitary Sewer System.

If you do not check with Springfield Water/Wastewater Department **before** opening your business, you may have to install a grease trap or bring the existing grease trap into compliance in order to remain open.

If you have any questions, please feel free to call our office at 615.382.1600

Thank you in advance!



City of Springfield
Community Development Department
405 N. Main Street/PO Box 788
Springfield, TN 37172
615.382.2200

Date _____

Application for Use and Occupancy Permit

Name of Business: _____

Location of Business: _____

Type of Business: _____

Contact Person: _____

Home Address: _____

Phone Number: _____ Cell Number: _____

Springfield Municipal Code 5-303 Inspections required - No person after obtaining a Minimum Business License shall open a place of business to the public without prior inspection and approval by city building/codes and zoning department, city fire marshal, city health department, and /or the Springfield Police Department.

Springfield Zoning Ordinance 11-1303 Zoning Permits and Use and Occupancy Permits

Use and Occupancy Permit Required – No building or addition thereto, constructed after the effective date of this Title, and no addition to a previously existing building shall be occupied, and no land use shall be used for any purpose, until a use and occupancy permit has been issued by the office of the Community Development Director. No change in a use shall be made until a use and occupancy permit has been issued by the Community Development Director.

Additional inspections may be required prior to use and occupancy. If any alterations are required or being done to the site or the structure permits will be required. All permitted work must be inspected before the Occupancy permit can be issued.

Signature: _____

CC: Community Development, Fire Department, Water Department, Gas Department, Electric Department, Public Works Department, & Springfield Police



**ROBERTSON COUNTY
ASSESSOR OF PROPERTY**

CHRIS F. TRAUGHBER
ASSESSOR OF PROPERTY

521 SOUTH BROWN STREET
SPRINGFIELD, TENNESSEE 37172
PHONE (615) 384-4311 • FAX (615) 384-7297

DATE: _____

TO ROBERTSON COUNTY BUSINESS OWNERS:

THIS LETTER IS TO INFORM YOU THAT YOU ARE REQUIRED TO REPORT YOUR TANGIBLE PERSONAL PROPERTY TO THE ROBERTSON COUNTY ASSESSOR'S OFFICE. THE INFORMATION BELOW WILL ASSIST THIS OFFICE IN GETTING YOUR BUSINESS INTO THE COMPUTER SO THAT A TANGIBLE PERSONAL PROPERTY SCHEDULE CAN BE SENT TO YOU IN JANUARY.

NAME OF BUSINESS: _____

ADDRESS: _____

TYPE OF BUSINESS: _____

OWNER OF BUSINESS: _____

OWNER OF REAL ESTATE: _____

BUSINESS PHONE: _____

YOUR PROMPT ATTENTION TO THIS REQUEST IS APPRECIATED. PLEASE CALL OUR OFFICE AT 384-4311 IF YOU HAVE ANY QUESTIONS OR NEED ASSISTANCE.

Donna Hobbgood
DONNA HOBGOOD
PERSONAL PROPERTY COORDINATOR

DH:gb