

**COUNTY OF SEVIER
125 COURT AVENUE SUITE 202E
SEVIERVILLE, TN 37862**

FEE: \$20.00

DATE: _____

APPLICATION FOR BUSINESS LICENSE

CORPORATIVE NAME: _____

NAME OF BUSINESS: _____

PHYSICAL LOCATION OF BUSINESS: _____

PROPERTY OWNERS NAME & ADDRESS: _____

TYPE OF BUSINESS: _____

(i.e. Clothing, Crafts, Restaurant, Cleaning, etc.)

MAILING ADDRESS: _____

APPLICANT: _____

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

EXPECTED OPENING DATE: _____

BUSINESS TELEPHONE: _____

OWNER'S TELEPHONE: _____

EMAIL _____ **ADDRESS:** _____

I understand that if I close, liquidate, sell or otherwise transfer my business (or relocate my business), I must file a final business tax report with the Sevier County Clerk's Office within fifteen (15) days of my closing date. Failure to do so could result in penalties against me (i.e. Distress Warrant). I also understand I must file a gross receipts tax return each year, even if no tax is due. (The time of license renewal will depend on the business classification). I also understand that I must have a city business license if my business is located inside the city limits. I understand that I am liable, I hereby agree to pay the outstanding tax, which may accrue pursuant to the operation of the business, which is the subject of this application.

Corporations Only:

Individual

President

DO NOT WRITE BELOW – OFFICE USE ONLY

CLASSIFICATION: _____

ENTERED IN COMPUTER: _____

ACCOUNT NUMBER: _____

BUSINESS LICENSE NO: _____

PROPERTY ASSESSOR: DIST _____ **MAP** _____ **GROUP** _____ **CONTROL MAP** _____

PARCEL _____ PI _____ S/I _____