



**CITY OF LEBANON
APPLICATION FOR BUSINESS TAX LICENSE**

LICENSE FEE: \$15.00

ALL QUESTIONS MUST BE ANSWERED COMPLETELY. INCOMPLETE AND UNSIGNED APPLICATIONS WILL DELAY PROCESSING. FOR ASSISTANCE, PLEASE CONTACT YOUR LOCAL COUNTY CLERK OR DESIGNATED CITY OFFICIAL.

1. INDICATE THE CLASSIFICATION IN WHICH YOU ARE REGISTERING. CLASSIFICATION IS DETERMINED BY THE DOMINANT BUSINESS ACTIVITY. INDICATE ONLY ONE CLASSIFICATION. Fiscal Year Ending Month _____

- Classification 1A Classification 1C Classification 1E Classification 3 Classification 5
 Classification 1B Classification 1D Classification 2 Classification 4 Minimal Activity License

2. REASON FOR APPLYING:
 1. New business 2. Additional location 3. Purchase of existing business

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

4. BUSINESS NAME AND EXACT LOCATION

BUSINESS NAME _____

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

APARTMENT OR SUITE NUMBER (DO NOT ENTER P.O. BOX OR RURAL ROUTE NUMBER) _____

CITY _____ 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 _____

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):
 INDIVIDUAL JOINT (COUPLE) CORPORATION - SUB S LP
 GEN PARTNERSHIP CORPORATION LLC LLP FINANCIAL INST

12. TN SECRETARY OF STATE ID #, 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 Shareholder

(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 Shareholder

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.)

FOR OFFICIAL USE ONLY

FISCAL YEAR _____

LICENSE NUMBER _____

DATE ISSUED _____

SIGN HERE: _____
 SIGNATURE of PERSON IDENTIFIED IN ITEM 14 (DO NOT PRINT OR USE STAMP)

_____ TITLE _____ DATE _____

APPLICATION FOR BUSINESS TAX LICENSE INSTRUCTIONS

1. Select the classification under which your dominant business activity falls. "Dominant business activity" means the business activity that is the major and principal source of taxable gross sales of the business. If you need assistance in determining the appropriate business tax classification, please ask your county clerk or the designated city business tax official. You may also wish to refer to the document "Determining Your Business Tax Classification," which is available at tn.gov/revenue. Enter the month on which the taxpayer's fiscal year ends.

Entities having less than \$10,000 in annual gross receipts may either select the option for "Minimal Activity License" or register for a regular business license in the appropriate business classification. Minimal Activity Licenses are valid for only the fiscal year selected. Each year in which the taxpayer will have less than \$10,000 in annual gross receipts, a new Minimal Activity License must be obtained.

2. Select the reason for which the application is being filed - new business, additional location, or the purchase of an existing business.
3. Enter the date on which the applicant began or will begin conducting business activities at the location for which registration is being made.
4. Enter the name and exact location address of the business being registered. Include the business name, street address, city, state, and zip code.
5. Enter the mailing address of the business being registered. Enter the legal name (if different from location name), street address or post office box number, city, state, and zip code. **If the legal name and mailing address are identical to the information in Item 4, leave Item 5 blank.**
6. Enter the name of the county in which the business is located. Indicate whether the business is located within the limits of a city in the county. If the business is located within the limits of a city, enter the name of the city. **Note: A business located within the limits of a city may have a business tax obligation for both the county and the city. If so, the business must obtain a business license from both the county and the city.**
7. Enter the telephone number and, if applicable, the fax number of the business being registered.
8. Enter the name of a contact person for the business being registered. Enter the contact person's email address.
9. Enter the Federal Employer's Identification Number (FEIN) of the business being registered. If the business has applied for but not received an FEIN, so indicate. If no FEIN is required, so indicate.
10. If the business being registered currently has a sales and use tax account with the Tennessee Department of Revenue, enter the sales and use tax account number. If the business has applied for but not received a sales and use tax account number, so indicate. If no sales or use tax account number is required, so indicate.
11. Select the legal structure type of the business being registered.
12. Enter the Tennessee Secretary of State identification number of the business being registered, if applicable.
13. Enter a description of the business activities being performed by the business at the location being registered. Indicate the main products and services sold at this business location. Please be as detailed as possible.
14. Enter the names, home addresses, and home telephone numbers of two owners, officers, or partners in the business being registered. If the owner is an individual, enter the owner's social security number and check the appropriate box. If the owner is a business entity, enter the owner's FEIN and check the appropriate box. Finally, check the box to indicate whether the person is an individual or business entity owner, partner, officer, or member. This information is critical. It will allow us to identify persons with whom we may discuss the business tax account when needed.
15. The application must be signed by an individual owner, partner, or officer of the business being registered. The person who signs the application must be listed in Item 14 on the application form. Indicate the title of the person signing the application (i.e., owner, partner, officer) and the date on which the application is signed.



Lebanon Police Department Emergency Contact Form



Lebanon Police Department
Attn: Communications Division
406 Tennessee Boulevard
Lebanon, TN 37087
PH: 615-444-2323
FX: 615-443-3960

We are asking for your assistance in verifying or updating your agency contact information. A copy of this sheet will be forwarded to the Lebanon Fire Department. Thank you for your assistance.

Name of business: _____ Date: _____

911 Address: _____

Business Phone: _____

Normal Operation Hours: Monday ___ to ___ Tuesday ___ to ___ Wednesday ___ to ___
 Thursday ___ to ___ Friday ___ to ___ Saturday ___ to ___ Sunday ___ to ___

Owner's Name: _____

Owner's Address: _____

Owner's Phone: _____

Contact persons (someone with a key that we can call in the event of an emergency day or night to respond to the business.)

1ST Responder _____ Home # _____ Cell # _____

2nd Responder _____ Home # _____ Cell # _____

3rd Responder _____ Home # _____ Cell # _____

Please circle all that apply. You may describe on the back.

- | | | |
|--------------------|--------------------------|-------------------------|
| Retail | Fire Extinguishers | City or Bottled Gas |
| Wholesale | Sprinkler System | Alternative Fuel Supply |
| Manufacturing | Fire Alarm | Auxiliary Generator |
| Medical | Burglar Alarm | Guard Dog After Hours |
| Other Professional | Chemicals Stored | Corrosives Stored |
| Service Company | Flammable Liquids Stored | Explosives Stored |
| Other _____ | Compressed Gases Stored | Bio-Hazards Stored |

Alarm Company: _____ Phone: _____

Please use back of this page to add any special information which could be useful to police or firemen

FOR POLICE USE ONLY
Alarm Permit #: _____
Date Entered: _____

BUSINESS LICENSE OFFICE LOCATION AND MAILING ADDRESS

Business License Division
City of Lebanon
Suite 124
200 North Castle Heights Avenue
Lebanon, TN 37087

\$15.00 Business License Fee

Make checks – cashier checks or money orders payable to: CITY OF LEBANON

**PROCEDURE FOR BUSINESS LICENSE APPLICANT
TO OBTAIN A CERTIFICATE OF OCCUPANCY**

- Complete application process at City of Lebanon Business Tax Office (1st Floor, City Hall).
- Proceed to the Planning Office (3rd Floor, City Hall) to verify the business is appropriate for the property zoning and if a site plan is needed.
- Proceed to the Building Inspection Office (Same floor as Planning Office) to begin permit and inspection process to obtain a Certificate of Occupancy. Building Inspection personnel will coordinate an inspection with the Applicant and other appropriate City officials.

Applicable inspections involving life safety, building codes, cross connection and fats/oils/grease prevention are required to obtain a Certificate of Occupancy.

The following, at a minimum, will be inspected:

- Emergency lighting and exit sign must be provided above each door (must be hardwired into electrical system). Additional emergency lighting may be required if determined during the onsite inspection.
- Fire extinguishers must be mounted, accessible and visible.
- ANSIL hood must be tested and approved if required.
- Public restrooms must be handicap accessible including grab bars and scald guards.
- Handicap ramp may be required.
- If connected to City of Lebanon water, an approved backflow prevention device must be installed on the water service(s). Any device must be inspected and tested. Contact Tim Martin (444-0825, ext. 106) with questions.
- For restaurants and other applicable food service facilities, the City Fats/Oils/Grease Inspector must inspect and approve the facility. Contact Josh Creswell (444-2304) with questions.

If a re-inspection must be performed a \$25.00 fee will be charged.

Upon satisfaction of the applicable requirements by the Applicant, a Certificate of Occupancy will be issued. If the building is occupied prior to obtaining a Certificate of Occupancy, you will be subject to the following actions:

- Citation to appear in City Court for violation of Section 110.1, Use and Occupancy, 2003 International Building Code.
- Disconnection of water service to the facility for violation of Cross Connection Ordinance 07-3248.
- Fine(s) for violation of City Fats/Oils/Grease Prevention regulations and Title 18 of the Lebanon City Code.



CITY OF LEBANON

PHILIP CRAIGHEAD, Mayor

Business Tax Department
200 North Castle Heights Avenue
Suite 124
Lebanon, TN 37087
Phone: (615) 444-4905
Fax: (615) 443-1158

There are certain Life Safety and Building Code Requirements that must be met and approved by the City of Lebanon Building Inspector before a business can open at a requested location. Please read the attached requirements that must be reviewed and approved by various City Departments. The Business Tax Department of the City of Lebanon will issue Business Licenses. The Business License does not permit the business to open without a Certificate of Occupancy from the Building Inspector's Office unless the Business has received an exemption, from the Building Inspector's Office. The Code requirements must be met and approved for any change of location as well. Please be advised that refunds are not issued on Business Licenses.

- _____ Planning/Zoning requirements for the business location
Date Initials (City Official)
- _____ Site Plan Approved (If Applicable)
Date Initials (City Official)
- _____ Cross Connection Approved
Date Initials (City Official)
- _____ Fats/Oils/Grease Prevention Approved
Date Initials (City Official)
- _____ Life Safety and Building Codes
Date Initials (City Official)

NAME OF BUSINESS _____
 BUSINESS ADDRESS _____
 TYPE OF BUSINESS _____
 CHANGE OF LOCATION _____ YES _____ NO
 If yes, list previous location: _____



CITY OF LEBANON

PHILIP CRAIGHEAD, Mayor

Business Tax Department
200 North Castle Heights Avenue
Suite 124
Lebanon, TN 37087
Phone: (615) 444-4415
Fax: (615) 443-1158

I have read the above statement and understand that I cannot open my business unless Code requirements are met and approved by the City of Lebanon Building Inspector.

APPLICANT OR OWNER NAME (print) _____

APPLICANT OR OWNER
SIGNATURE _____ DATE _____

MAILING
ADDRESS _____

E-MAIL
ADDRESS _____

BUSINESS TELEPHONE _____ HOME TELEPHONE _____

For Office Use Only:

ATTESTED: _____ DATE: _____