



APPLICATION FOR BUSINESS TAX LICENSE

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.

_____ Classification 1A _____ Classification 1C _____ Classification 2 _____ Classification 4
_____ Classification 1B _____ Classification 1D _____ Classification 3 _____ Classification 5

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			5. BUSINESS MAILING ADDRESS		
BUSINESS NAME			NAME (ENTER LEGAL NAME, IF DIFFERENT)		
STREET OR HIGHWAY (DO NOT USE P.O. BOX NUMBER OR RURAL ROUTE NUMBER)			P.O. BOX, STREET, ROUTE, OR HIGHWAY		
APARTMENT OR SUITE NUMBER (DO NOT ENTER P.O. BOX OR RURAL ROUTE NUMBER)			APARTMENT OR SUITE NUMBER		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

6. COUNTY IN WHICH BUSINESS IS LOCATED IS BUSINESS LOCATED INSIDE A TENNESSEE CITY? <input type="checkbox"/> NO <input type="checkbox"/> YES _____ (If Yes, Name of City)	7. BUSINESS TELEPHONE NUMBER () _____ BUSINESS FAX NUMBER () _____	8. CONTACT PERSON'S NAME CONTACT E-MAIL ADDRESS
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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): <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> HUSBAND/WIFE OWNERSHIP <input type="checkbox"/> OTHER <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY	12. TENNESSEE SECRETARY OF STATE IDENTIFICATION #, IF APPLICABLE _____
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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 #	<input type="checkbox"/> SOCIAL SECURITY #	<input type="checkbox"/> FEDERAL EIN
HOME ADDRESS (DO NOT USE P.O. BOX #)	CITY	STATE	ZIP CODE
<input type="checkbox"/> Member <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Owner - Individual <input type="checkbox"/> Owner - Company			
(2) NAME	HOME TELEPHONE #	<input type="checkbox"/> SOCIAL SECURITY #	<input type="checkbox"/> FEDERAL EIN
HOME ADDRESS (DO NOT USE P.O. BOX #)	CITY	STATE	ZIP CODE
<input type="checkbox"/> Member <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Owner - Individual <input type="checkbox"/> Owner - Company			

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) 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.
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.

Cleveland Fire Department

Fire Inspection Department
555 South Ocoee St.
Cleveland, TN 37311
Ph. # (423-559-3340
Fax # (423)472-9169

Fire Department Inspection Requirements

The license applicant or their representative **must be present** at the time of the inspection. A \$25.00 inspection fee must be paid prior to the inspection of commercial property.

Please print legibly.

1. Name of Business: _____
2. Address of Business: _____
3. Business Phone Number: _____
4. Name of Manager: _____
5. Phone Number of Manager: _____
6. Name of Business Owner: _____
7. Phone Number of Business Owner: _____
8. Name of Building Owner: _____
9. Address of Building Owner: _____
10. Phone Number of Building Owner: _____
11. Name of First Emergency Contact: _____
Phone Number: _____
12. Name of Second Emergency Contact: _____
Phone Number: _____

ANY QUESTIONS, PLEASE CONTACT (423)559-3340

THE ABOVE LISTED OCCUPANCY MEETS MINIMAL STANDARDS

INSPECTOR _____ DATE _____

Cleveland Fire Department

Fire Inspection Department

555 South Ocoee St.

Cleveland TN 37311

423-559-3340

Below you will find a list of some of the most common fire issues our inspectors will be concerned with during your fire inspection. Hopefully, this will give you the opportunity to address these issues prior to your inspection. Keep in mind this is only a summary: there may be additional issues which may have to be addressed.

1. All buildings shall be marked with 6-inch address numbers (NFPA -1), visible from the street. Four inch unit numbers are also required if there are multiple businesses on the front and rear doors.
2. Fire extinguishers shall be provided with a current tag by a licensed extinguisher company (NFPA-10)
3. All wiring shall comply with NFPA-70, missing or damaged outlet or switch plate covers shall be replaced, all exposed wiring shall be covered, and all open spaces located in the electrical panel shall be covered with approved covers, electrical panels to have all breakers properly labeled.
4. Extension cords shall not be used as permanent wiring. (NFPA 1)
5. Doors shall be arranged to be opened readily from the egress side whenever the building is occupied. Locks, if provided, shall not require the use of a key or special knowledge or effort for operation from the egress side. In the event that the authority having jurisdiction feels there is a security issue, an approved sign with one inch letters stating **"THIS DOOR SHALL REMAIN UNLOCKED WHEN BUILDING IS OCCUPIED"** will be acceptable. NFPA 101-7.2
6. All emergency lighting shall be operable. In some instances additional emergency lighting may be required. (NFPA 101-7.9.1)
7. All exit lighting shall be operable using both A/C and D/C power, where applicable. (NFPA 101-7.10.5)
8. All exits shall remain unobstructed at all times. (NFPA 101-7.1.10.1)
9. Fire separation between occupancies shall be maintained for proper rating as required by the (Southern Building Code).
10. If the building is equipped with a fire alarm system, it shall be maintained in accordance with NFPA 72- 7.
11. Buildings equipped with fire sprinkler systems shall be maintained in accordance with NFPA 25 and NFPA 13.

12. Hood suppression systems are required for all cooking appliances, which produce grease laden vapors. (NFPA 96-1.2) Unless specific cooking equipment is exempted under NFPA 1-50.

13. Cooking suppression systems shall be tested in accordance with the following standard (NFPA 96: 8-2)

14. Any cooking operations involving the use of combustibile cooking media (vegetable or animal oils and fats) are required to provide a **Class K** extinguisher. (NFPA 1: 13-6.5.3.1)

15. Interior finish, contents, and furnishing such as wall covering, drapes, etc. shall have the proper flame spread ratings, which are required for the use group being inspected. (NFPA 101-10)

16. Any missing or damaged ceiling tiles shall be replaced and any holes in walls and ceiling shall be repaired. This is to assure continuity in the bldgs smoke barrier. (NFPA 101: Chapter 8.4.2(2))

17. Any required fire doors are to be equipped with an approved self-closure. (NFPA 101: 7.2.1.8)

18. Repair Garages or businesses using flammable or combustibile materials shall post **NO SMOKING** signs in all hazardous areas. (NFPA 33: 8.2)

19. Flammable and combustibile liquids shall be stored in accordance with the following. (NFPA 33)

Hopefully, the information provided in this letter will help to guide you through our inspection procedures. It is our intent to assist all business owners with any information that may apply to the type of business you may own or operate. Please feel free to contact our office with any concerns you may have so that we may assist you. Our office hours are Monday through Friday 7:00 am to 4:00 pm and we may be reached at (423) 559-3340

Yours in Fire Safety,
City of Cleveland Fire Department

Section 1. BE IT RESOLVED by the City Council of the City of Cleveland, Tennessee, that the following reservation/maintenance fee be established according to the following schedule beginning July 1, 2003.

- a) \$20 for each pavilion reservation made by city of Cleveland, Tennessee residents
- b) \$30 for each pavilion reservation made by non-city of Cleveland, Tennessee residents

Section 2. This resolution shall become effective July 1, 2003, the public welfare requiring it.

Adopted this 9th day of June, 2003.

Mayor

City Clerk

Approved as to form:
S/L. Harlen Painter
City Attorney

Councilman May moved that Resolution No: 2003-38 be approved as presented. Councilman Johnson seconded the motion. Councilman Davis asked about Tinsley's maintenance problems and Mosby's lighting situation at the park. City Manager Joe Cate stated that these problems are being corrected. And upon roll call, the Council unanimously approved the Resolution.

The following Resolution was then presented in full:

RESOLUTION NO. 2003-39

A RESOLUTION ESTABLISHING NEW FIRE INSPECTION FEES.

WHEREAS, the Legislature of the State of Tennessee has voted to cut its appropriation of state-shared revenues to cities and counties; and

WHEREAS, the City Council of the City of Cleveland held a special work session in January 2003 to identify alternative revenue sources, in an effort to prevent a property tax increase in fiscal year 2004; and

WHEREAS, the City Council of the City of Cleveland has determined that additional revenues are necessary to fund the city budget for fiscal year 2004; and

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF CLEVELAND;

Section 1. BE IT RESOLVED by the City Council of the City of Cleveland, Tennessee, that the following fire inspection fees be established according to the following schedule beginning July 1, 2003.

- a) Initial inspection fee for child/adult daycares \$50
- b) Additional or annual inspection fee for child/adult daycares \$25
- c) Initial above and underground flammable and combustible storage \$50
- d) Additional or annual inspection fee for above and underground flammable and combustible storage \$25

- e) Initial alcohol permit \$30
- f) Business inspection, change of occupancy \$25
- g) Restaurant hood systems, fire alarm systems, and sprinkler systems (plan review, initial inspection, and final inspection) \$50
- h) Additional restaurant hood systems, fire alarm systems, and sprinkler systems \$25

Section 2. This resolution shall become effective July 1, 2003, the public welfare requiring it.

Adopted this 9th day of June, 2003.

Mayor

City Clerk

Approved as to form:
S/L. Harlen Painter
City Attorney

Councilman May moved that Resolution No: 2003-39 be approved as presented. The motion was seconded by Councilman Davis; and upon roll call, unanimously passed.

The following Resolution was then presented in full:

RESOLUTION NO: 2003-40

A RESOLUTION INCREASING POLICE DEPARTMENT REPORT FEES

WHEREAS, the Legislature of the State of Tennessee has voted to cut its appropriation of state-shared revenues to cities and counties; and

WHEREAS, the City Council of the City of Cleveland held a special work session in January 2003 to identify alternative revenue sources, in an effort to prevent a property tax increase in fiscal year 2004; and

WHEREAS, the City Council of the City of Cleveland has determined that additional revenues are necessary to fund the city budget for fiscal year 2004; and

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Cleveland;

Section 1. **BE IT RESOLVED** by the City Council of the City of Cleveland, Tennessee, that the following Police Department fee be increased according to the following schedule beginning July 1, 2003.

Fee Type	Change
Police Reports	From \$5.00 to \$7.50
Faxed or Mailed Police Reports	From \$7.50 to \$9.50

Section 2. This resolution shall become effective July 1, 2003, the public welfare requiring it.

Adopted this 9th day of June, 2003.

Mayor