

TENNESSEE DEPARTMENT OF REVENUE Business Tax Registration Application

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

I.Business FEIN or SSN (required)	2. Start Date	2. Start Date for Location in Jurisdiction		3. Fiscal Y	3. Fiscal Year End Date		
4. Type of Ownership (choose only	one box below):						
Sole Proprietorship	P	Partnership (all types)			Corporation (all types)		
Marital Joint Ownership Other Spouse's SSN:	(c	imited Liabil i hoose one belon Aulti-Member)				
Estate or Trust	S	iingle Membei	· LLC				
5. Legal Name of Business							
6. Primary Address (physical addre	ess where records ar	e located; no	P.O. box)	City	State	ZIPCode	
7. Identify Owners, Officers, Memb	pers, or Partners (Atta	ch additional i	names on separate	sheet if needed.	See Instructio	ons.)	
Title			Title				
SSN of owner or FEIN of owning b	usiness, if available		SSN of owner or	FEIN of owning I	business, if av	railable	
First and Last Name of Owner or N	Name of Owning Bus	iness	First and Last Na	me of Owner or	Name of Owr	ning Business	
Telephone Number with Area Code	>		TelephoneNumb	er with Area Cod	le		
Email			Email			HA-R-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A	
Address			Address				
City	State	ZIP Code	City		State	ZIP Code	
8. "Doing Business As" (DBA) Nat	me (if different from	#5 above)				With Williams and American Science 18.	
Classification (select below or Classification:	write in)						
10. License Type Standard Business Linc	ense Minimal	Activity License	2				
11. Business Location Address (ph	ysical address only; n	o P.O. box)	City		State	ZIP Code	

12.	Business Activity at this Location			
13.	Business Mailing Address	(City S	tate Zip Code
14.	Business Telephone Number	Business Fax Number	Business En	nail Address
15.	Contact Name	Contact Telephone Number	Contact Ema	ail 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			
	Signature:Owner, Officer, Mem	Dat ber, or Partner	e:	
	Signature: Owner, Officer, Mem	Dat ber, or Partner	e:	

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

Bartlett Department of Planning and Economic Development 6400 Stage Road, P.O. Box 341148 Bartlett, TN 38184-1148 (901) 385-6417 Fax (901) 385-6419 www.cityofbartlett.org

Zoning Verification

New Business License and Use & Occupancy Permit

Business Name		
	_No Will it continue to be used as a residence?	YesNo
Description of the Business (including any	y outside use)	
Owner Name	PhoneFax _	
Owner Address		
Submitted by		
(printed name)	(signature)	(date)

For Planning and Economic	o Development	staff use only:		
Item	Answer	Staff Signature		
Zoning classification of Proposed Business Address?	District			
Home occupation? (Residential zoning district)	yesno			
If "yes," the applicant was given a copy of the Home Occupation regulations.				
If not a home occupation, Business is a permitted use of the zoning district?	yes no n/a			
Planning Commission or Design Review Commission approval required (not including for signs)?	yes no			
Special Use Permit required?	yes no			
Off-street parking requirements met? (n/a for Home Occupation)	yes no n/a			
A Business License and a Use & Occupancy permit may be issued without further zoning action.	yesno	Signature:		
(Note: This does not include approval of signs.)		Date:		
Comments:				

c: Applicant; Code Enforcement (Use & Occupancy); Finance (Business Licenses)



A. Keith McDonald, Mayor

Fire Department/Medical Services

FIRE ADMINISTRATION BUILDING 2939 ALTRURIA RD., BARTLETT, TN 38134 (901) 385-3322 – FAX (901) 385-5516

> J. H. McNatt, II Fire Marshal



City of Bartlett Business License Pre-Inspection Check List

When making application for a business license in the City of Bartlett, it is necessary for the Fire Marshal's office to perform a life safety inspection of your business location. This inspection must be done and deficiencies corrected prior to the issuance of your business license.

We have compiled a list of things the Fire Marshal will be looking for during the inspection of your business. To expedite the application process, please review the list and make necessary corrections prior to calling for your inspection.

- 1. Every business is required to have at least *one "2A 10BC" fire extinguisher* for every 3000 square feet of floor space. This extinguisher must be mounted on the wall and have a current inspection tag attached. A licensed Fire Extinguisher inspector must perform this inspection. (the tag that comes with the new extinguisher is NOT the tag required)
- 2. The extinguisher must be installed so that the top of the extinguisher is not more than 5 feet from the floor and no closer than 4 inches from the floor. There is a 75' distance requirement, so we suggest that you locate the device so as not to exceed the 75' travel distance.
- 3. We also look at *Exit Signs* and *Emergency Lighting*. These should be properly lit and the back-up batteries should be in good working order. They should work in regular and emergency mode. To test these devices, press the small test button located on the body of the light. This cuts the electrical power to the light and allows the batteries to operate the light.
- 4. The use of *Extension Cords as permanent wiring is prohibited* in all business occupancies. "Examples of this would be the use of extension cords to power computers, cash registers, coolers, lamps and etc. where the cord stays permanently attached. However, "power strips", with built in circuit breakers, are allowed but must be plugged directly into a wall outlet. Extension cords are allowed for supplying power to vacuum cleaners, hand held power tools, buffers, etc. on a temporary basis.
- 5. Make sure all electrical outlet cover plates are installed and that there are no open slots in the electrical panel. There can be no exposed wiring in the ceiling or walls.
- 6. Mechanical closets are inspected for the improper storage of combustible materials. Mechanical closets are those that house the water heater and/or the HVAC (heating) system. Also, code requires that three (3) feet of clearance be maintained on both sides and directly in front of the electrical panel for access purposes.
- 7. Lastly, **general maintenance** of the space is looked at. If applicable, all ceiling tiles must be in place, doors and required hardware must be installed and operational, with no damage to walls or ceilings (holes, exposed wiring, etc.). Generally speaking, the space should be ready to occupy.

This list covers basic requirements, others may be necessary.

If you have further questions regarding these requirements or if you need to schedule an inspection, please feel free to contact the Fire Marshal's office at 385-3322

EXAMPLES OF "NO SMOKING" SYMBOLS:



