



TENNESSEE DEPARTMENT OF REVENUE
Application for Registration

RV-F1300501 (7/17)

\*SPECIAL EVENT\*
\*CASUAL FILER\*

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

1. Legal Name of Applicant

2. DBA Name (If different from above)

3. Event Location Address (Physical address only; no P.O. Box) City State Zip

4. Mailing Address City State Zip

5. Legal Address (Physical address where business records are kept; no P.O. Box) City State Zip

6. Business Telephone Number Business Fax Number Business Email Address

7. Contact Name Contact Telephone Number Contact Email Address

8. Start Date in Tennessee 9. Fiscal Year End Date 10. FEIN or SSN

11. Type of Ownership:

- Ownership options including Sole Proprietorship, Partnership, Corporation, LLC, etc.

12. Tennessee Secretary of State Control Number Primary State of Charter/Registration

13. Taxes to Register for on this Application:

- Tax categories including Sales and Use, Franchise and Excise, Business Classification, etc.

Note: Electronic filing and payment of taxes is required for sales and use tax, franchise and excise tax, tobacco tax, liquor-by-the-drink tax, and business tax. Please visit www.tn.gov/revenue for more information. \* Requires Bond

**14. Please Complete this Section if Registering for a Special Event Location**

Event Name: \_\_\_\_\_

Promoter Location ID: \_\_\_\_\_

Event Start Date: \_\_\_\_\_

Event End Date: \_\_\_\_\_

**15. Series LLC Entity Information**

FEIN for Master LLC: \_\_\_\_\_

Entity Name for Master LLC: \_\_\_\_\_

Location Address for Master LLC: \_\_\_\_\_

Telephone Number for Master LLC: \_\_\_\_\_

State of Domestic Certificate of Authority for Master LLC: \_\_\_\_\_

**16. Nature of Business**

Manufacturing  
  Service  
  Wholesale  
  Retail  
  Both Wholesale/Retail  
  Contractor  
  Other

17. Business Activity

18. NAICS Code (if known)

**19. Identify Owners, Officers, Members, or Partners (Attach additional names on separate sheet. See Instructions.)**

Legal Name	Legal Name
Title	Title
SSN or FEIN	SSN or FEIN
Address	Address
City State Zip	City State Zip
Telephone Number	Telephone Number
Email Address	Email Address

20. The statements made on this application are true to the best of my knowledge and belief. **This application must be signed by an individual, owner, partner, or officer of the entity listed above. Do not print or use a stamp.**

**For Department Use Only**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Owner, Partner, or Officer*