State of Tennessee

Department of State
Corporate Filings
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

APPLICATION FOR REGISTRATION OF ASSUMED CORPORATE NAME

For Office Use Only

Pursuant to the provisions of Section 48-14-101(d) of the Tennessee Business Corporation Act or Section 48-54-101(d) of the Tennessee Nonprofit Corporation Act, the undersigned corporation hereby submits this application:

1. The true name of the corporation is WXYZ Services, Inc.

2. The state or country of incorporation is Tennessee.

3. The corporation intends to transact business in Tennessee under an assumed corporate name.

4. The assumed corporate name the corporation proposes to use is WXYZ Marketing Services.

[**NOTE:** The assumed corporate name must meet the requirements of Section 48-14-101 of the Tennessee Business Corporation Act or Section 48-54-101 of the Tennessee Nonprofit Corporation Act.]

Signature Date

WXYZ Services, Inc.
Name of Corporation

Director
Signer's Capacity

Signature

John Doe
Name (typed or printed)

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Print Form

State of Tennessee

Department of State
Corporate Filings
312 Rosa L. Parks Avenue
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

For Office Use Only

APPLICATION FOR REGISTRATION OF ASSUMED LIMITED LIABILITY COMPANY NAME

Pursuant to the provisions of §48-207-101 (d) of the Tennessee Limited Liability Company Act or §48-249-106(d) of the Tennessee Revised Limited Liability Company Act, the undersigned Limited Liability Company hereby submits this application:

1. The true name of the Limited Liability Company is: WXYZ Services LLC

2. The state or country of organization is: Tennessee

3. The Limited Liability Company intends to transact business under an assumed Limited Liability Company name.

4. The assumed Limited Liability Company name the Limited Liability Company proposes to use is:

WXYZ Marketing Services

NOTE: The assumed Limited Liability Company name must meet the requirements of §48-207-101 of the Tennessee Limited Liability Company Act or §48-249-106 of the Tennessee Revised Limited Liability Company Act, as applicable.

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Signature Date

WXYZ Services, LLC
Name of Limited Liability Company

Member
Signer's Capacity

Signature

John Doe
Name (typed or printed)

Print Form

State of Tennessee

Department of State
Corporate Filings
312 Rosa L. Parks Avenue
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

APPLICATION FOR REGISTRATION OF ASSUMED LIMITED LIABILITY PARTNERSHIP NAME

For Office Use Only

Pursuant to the provisions of the Tennessee Uniform Partnership Act, Section 61-1-1003, the undersigned Limited Liability Partnership hereby submits this application:

1. The true name of the Limited Liability Partnership is: WXYZ Services, LLP

2. The state or country of registration is: Tennessee

3. The Limited Liability Partnership intends to transact business under an assumed Limited Liability Partnership name.

4. The assumed Limited Liability Partnership name the Limited Liability Partnership proposes to use is:
WXYZ Marketing Services

NOTE: The assumed Limited Liability Partnership name must meet the requirements of the Tennessee Uniform Partnership Act, Section 61-1-1003.

Signature Date

WXYZ Services, LLP
Name of Limited Liability Partnership

General Partner
Signer's Capacity

Signature

John Doe
Name (typed or printed)

SAMPLE
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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.

X 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

BUSINESS NAME: WXYZ Services

STREET OR HIGHWAY (DO NOT USE P.O. BOX NUMBER OR RURAL ROUTE NUMBER): 1234 Main Street

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

CITY: Nashville, STATE: TN ZIP CODE: 37201

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: Davidson

IS BUSINESS LOCATED INSIDE A TENNESSEE CITY? ☐ NO ☒ YES Nashville (If Yes, Name of City)

7. BUSINESS TELEPHONE NUMBER: ( )

BUSINESS FAX NUMBER: ( )

8. CONTACT PERSON'S NAME: John Doe

CONTACT E-MAIL ADDRESS: johndoe@email.com

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):

☒ PROPRIETORSHIP ☐ HUSBAND/WIFE OWNERSHIP ☐ OTHER

☐ PARTNERSHIP ☐ CORPORATION ☐ LIMITED LIABILITY COMPANY

12. TENNESSEE SECRETARY OF STATE IDENTIFICATION #, IF APPLICABLE ____

13. DESCRIBE THE BUSINESS ACTIVITY AT THIS LOCATION, STATING THE MAJOR PRODUCTS AND/OR SERVICES SOLD:

Filling Station

14. IDENTIFY OFFICERS, PARTNERS, OR INDIVIDUAL OR COMPANY OWNERS

(1) NAME: John Doe

HOME TELEPHONE #: (615) 555-5555

☒ SOCIAL SECURITY # ☐ FEDERAL EIN: 1 2 3 4 5 6 7 8 9

HOME ADDRESS (DO NOT USE P.O. BOX #): 1234 Main Street, Nashville, TN 37201

CITY: STATE: ZIP CODE:

☐ Member ☐ Officer ☐ Partner ☒ Owner - Individual ☐ Owner - Company

(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

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)**

Owner *TITLE* 4/9/12 *DATE*

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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.

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Attachment to

Business Tax License for

WXYZ Services

Additional Partner/Owner Information

3.	Ann Doe	(615) 555-5555	123-45-6789
	Name	Home Telephone #	Social Security ✔ Federal EIN ☐
	1234 Main Street, Nashville, TN 37201		
	Home address (Street, City, State, Zip)		

☐ Member ☐ Officer ☐ Partner ✔ Owner-Individual ☐ Owner-Company

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