



TENNESSEE DEPARTMENT OF REVENUE

RV-F1300501 (7/17)

Application for Registration

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:

- | | | |
|---|---|---|
| <input type="checkbox"/> Sole Proprietorship | Partnership (choose type below) | Corporation (choose all that apply) |
| <input type="checkbox"/> Marital Joint Ownership | <input type="checkbox"/> General Partnership | <input type="checkbox"/> Tennessee Domestic Corporation |
| <input type="checkbox"/> Estate/Trust | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Foreign Corporation |
| <input type="checkbox"/> Government Entity | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> S Corporation |
| <input type="checkbox"/> Real Estate Investment Trust | Limited Liability Company (choose all that apply) | |
| | <input type="checkbox"/> Multi-Member LLC | |
| | <input type="checkbox"/> Single Member LLC | |
| | <input type="checkbox"/> Professional Limited Liability Company | |

12. Tennessee Secretary of State Control Number	Primary State of Charter/Registration
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13. Taxes to Register for on this Application:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Sales and Use | <input type="checkbox"/> Bail Bonds | <input type="checkbox"/> Utilities - Gas, Water, Electric Power, and Light | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Franchise and Excise | <input type="checkbox"/> Beer Barrelage * | <input type="checkbox"/> Liquor by the Drink * | <input type="checkbox"/> Used Oil Fee |
| <input type="checkbox"/> Business Classification _____ | <input type="checkbox"/> Bottlers | <input type="checkbox"/> Litigation | <input type="checkbox"/> Wholesale Beer * |
| County _____ | <input type="checkbox"/> Brand Registration * | <input type="checkbox"/> Mineral Severance | <input type="checkbox"/> Wholesale Gallonage * |
| City _____ | <input type="checkbox"/> Coal Severance | <input type="checkbox"/> Mixing Bar | <input type="checkbox"/> Wine Direct Shipper |
| Out-of-State _____ | <input type="checkbox"/> Crude Oil/Natural Gas Severance | <input type="checkbox"/> Petroleum * | <input type="checkbox"/> Winery * |
| <input type="checkbox"/> Auto Rental Surcharge | <input type="checkbox"/> Fantasy Sports | <input type="checkbox"/> Tire Fee | |

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

Event Name: _____
Promoter Location ID: _____
Event Start Date: _____
Event End Date: _____

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: _____

☐ Manufacturing ☐ Service ☐ Wholesale ☐ Retail ☐ Both Wholesale/Retail ☐ Contractor ☐ Other

17. Business Activity	18. NAICS Code (if known)
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Legal Name	Legal Name
Title	Title
SSN or FEIN	SSN or FEIN
Address	Address
CityStateZip	CityStateZip
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.**

Signature: _____ **Date:** _____

Owner, Partner, or Officer