



BUSINESS TAX ACCOUNT CHANGE FORM

YOU MUST COMPLETE ITEM 1. EITHER ITEM 2 OR ITEM 3 AS APPLICABLE, AND ITEM 4. ENTER INFORMATION IN ITEMS 5 THROUGH 16 IF CHANGES HAVE OCCURRED. FOR ASSISTANCE, PLEASE CONTACT THE CITY OF CHATTANOOGA AT 423-643-7260

1. EFFECTIVE DATE OF CHANGES	2. FEIN/SSN:	3. Local Business Tax Account No:	4. State Busienss Tax Account No.
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5a. PREVIOUS ACCOUNT NAME BUSINESS NAME	5b. NEW ACCOUNT NAME NAME (ENTER LEGAL NAME, IF DIFFERENT)
LEGAL NAME, IF DIFFERENT	LEGAL NAME, IF DIFFERENT

6a. PREVIOUS EXACT LOCATION ADDRESS STREET,HIGHWAY (DO NOT USE P.O. BOX NUMBER OR RURAL ROUTE NUMBER)	6b. NEW EXACT LOCATION ADDRESS STREET,HIGHWAY (DO NOT USE P.O. BOX NUMBER OR RURAL ROUTE NUMBER)
CITY STATE ZIP CODE	CITY STATE ZIP CODE

7a. PREVIOUS MAILING ADDRESS	7b. NEW MAILING ADDRESS
CITY STATE ZIP CODE	CITY STATE ZIP CODE

8. COUNTY IN WHICH BUSINESS IS LOCATED	9 IS BUSINESS LOCATED INSIDE A TENNESSEE CITY LIMITS? <input type="checkbox"/> NO <input type="checkbox"/> YES (If Yes, name of City)
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10a. PREVIOUS BUSINESS TAX CLASSIFICATION	10b. NEW BUSINESS TAX CLASSIFICAITON	11a. IF CLOSING BUSINESS, INDICATE BELOW	11b. EFFECTIVE DATE OF CLOSURE
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12. BUSINES TELEPHONE NUMBER () _____	13. BUSINESS FAX NUMBER () _____	14. BUSINESS E-MAIL ADDRESS
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15a. 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 LIABILTIY COMPANY	15b. NEW OWNERSHIPT TYPE _____
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16. IDENTIFY OFFICERS, PARTNERS, OR INDIVIDUAL OR COMPANY OWNERS			
(1) NAME	HOME TELEPHONE#	SOCIAL SECURITY #	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#	SOCIAL SECURITY #	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 16.)

SIGN HERE: _____
SIGNATURE of OWNER, PARTNER or OFFICER (DO NOT PRINT OR USE STAMP)

TITLE DATE