



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: Sole Proprietorship, Partnership (General, Limited, Limited Liability), Corporation (Tennessee Domestic, Foreign, S), Real Estate Investment Trust, Limited Liability Company (Multi-Member, Single Member, Professional).

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

13. Taxes to Register for on this Application:

- Tax categories: Sales and Use, Franchise and Excise, Business Classification, Auto Rental Surcharge, Bail Bonds, Beer Barrelage, Bottlers, Brand Registration, Coal Severance, Crude Oil/Natural Gas Severance, Fantasy Sports, Utilities - Gas, Water, Electric Power, and Light, Liquor by the Drink, Litigation, Mineral Severance, Mixing Bar, Petroleum, Tire Fee, Tobacco, Used Oil Fee, Wholesale Beer, Wholesale Gallonage, Wine Direct Shipper, Winery.

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)
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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

<p>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.</p> <p>Signature: _____ Date: _____</p> <p style="text-align: center;"><i>Owner, Partner, or Officer</i></p>	<p>For Department Use Only</p>
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