RV-F1300501 (7/17)



TENNESSEE DEPARTMENT OF REVENUE 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	e)					
3.	Event Location Address (Physical a	City		State	Zip		
4.	Mailing Address		City		State	Zip	
5.	Legal Address (Physical address w	here business records are kept; no	P.O. Box)	City	State	Zip	
6.	Business Telephone Number	Business Fax Number		Business Email A	ddress		
7.	Contact Name	Contact Telephone Number Contact Email Address					
8.	Start Date in Tennessee	9. Fiscal Year End Date		10. FEIN or SS	SN		
11.	Type of Ownership:	•		•			
	☐ Sole Proprietorship ☐ Marital Joint Ownership ☐ Estate/Trust ☐ Government Entity ☐ Real Estate Investment Trust	Partnership (choose type below) General Partnership Limited Partnership Limited Liability Partnership Corporation (choose all that apply) Foreign Corporation S Corporation Limited Liability Company (choose all that apply) Multi-Member LLC Single Member LLC Professional Limited Liability Company					
12.	Tennessee Secretary of State Control Number Primary State of Charter/Registration						
13.	Taxes to Register for on this App Sales and Use Franchise and Excise Business Classification County City Out-of-State Auto Rental Surcharge	☐ Bail Bonds ☐ Beer Barrelage * ☐ Bottlers ☐ Brand Registration * ☐ Coal Severance	Utilities - Ga Power, and Liquor by th Litigation Mineral Sev Mixing Bar Petroleum *	e Drink * /erance	☐ Whole	Oil Fee esale Beer * esale Gallonage ^s Direct Shipper	
	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						

Please Complete this Section if Registering for a Special Event Location Event Name: ————————————————————————————————————						
Promoter Location ID:						
	Event Start Date:					
vent 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						
	Retail					
17. Business Activity	18. NAICS Code (if known)					
19. Identify Owners, Officers, Members, or Partners (Attach ac	ditional names on separate sheet. See Instructions.)					
Legal Name	Legal Name					
Title	Title					
SSN or FEIN	SSN or FEIN					
Address	Address					
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 application must be signed by an individual, owner, partner above. Do not print or use a stamp.						
Signature:Owner, Partner, or Officer	Date:					