

# CITY OF MT. JULIET BUSINESS TAX APPLICATION

CITY OF MT. JULIET  
P.O. BOX 256  
MT. JULIET, TN 37121

\_\_\_\_\_  
BUSINESS NAME

\_\_\_\_\_  
NAME OF OWNER

\_\_\_\_\_  
BUSINESS ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
ST

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
ST

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
BUSINESS PHONE NUMBER

\_\_\_\_\_  
SALES TAX NUMBER

DATE BUSINESS OPENED (AT ABOVE ADDRESS) \_\_\_\_\_

IS BUSINESS HOME-BASED? \_\_\_\_\_ YES \_\_\_\_\_ NO

**\*\*Minimum business tax payment required within 15 days of  
business opening. Minimum payment \$ 15.00**

**\*\*Penalty (5% for each 30 days or infraction thereof,  
not to exceed 25%) \$ \_\_\_\_\_**

**\*\*Interest 8.75% per annum delinquent until paid \$ \_\_\_\_\_**

**\*\*Registration Fee \$ 5.00**

**\*\*Total Payment Enclosed \$ \_\_\_\_\_**

*Please make checks or money orders payable to the City of Mt. Juliet*

**FOR OFFICE USE ONLY:**

Date Received: \_\_\_\_\_

Classification: \_\_\_\_\_

Amount Received: \_\_\_\_\_

Acct # Assigned to File: \_\_\_\_\_

Cash/Check #: \_\_\_\_\_

Copy To: Codes \_\_\_\_\_ PW \_\_\_\_\_

## INFORMATION SHEET

NAME OF BUSINESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

### **OWNER INFORMATION**

OWNER(S): \_\_\_\_\_

ADDRESS(ES): \_\_\_\_\_

HOME PHONE(S): \_\_\_\_\_

Have you ever held a business license, or been a partner in a business, in the City of Mt. Juliet? \_\_\_\_\_ YES \_\_\_\_\_ NO

If so, please list business name(s) and owner(s): \_\_\_\_\_

\_\_\_\_\_

If the business you are opening is an existing business, and previously owned by another individual, please list the name(s) and address(es) of previous owners:

\_\_\_\_\_

***Notice: (If a previous owner had the business you are acquiring, and business taxes are due, or are in arrears, or if closing taxes are not paid by previous owner and final report filed for the business, the responsibility of business taxes lies with the new owner.)***

Primary Product(s) sold or Primary Service(s) performed by your business:

\_\_\_\_\_

Please specify if business is:

\_\_\_\_\_ Retail \_\_\_\_\_ Wholesale \_\_\_\_\_ Retail & Wholesale \_\_\_\_\_ Services

Please list names, addresses, telephone, or cell phone numbers, of three (3) persons who may be contacted, after business hours, in case of emergency, ((i.e. fire, theft, etc.))

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please note: Anyone opening a business, whether existing or new, should check with the following departments regarding other permits that may be needed:**

**Codes Department - Sign Permits and Accessory Use Permit**

**Public Works Department – Use and Occupancy Permit**

**Police Department – Alarm Registration (If Applicable)**

**Wilson County Court Clerk – County Business License**

**\*\*I verify that I have read pages 1-3 of the City of Mt. Juliet business tax application, and understand my responsibilities in holding a business license in the City of Mt. Juliet.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**