



## TOWN OF COLLIERVILLE

### Minimal Activity Business License Renewal / Reclassification Form

Department of Finance • 500 Poplar View Parkway • Collierville, TN 38017

**Answer all questions below completely. Incomplete and unsigned applications will delay processing.  
Contact 901-457-2280 for assistance.**

At the end of each fiscal year a business with gross sales of more than \$3,000 but less than \$100,000 in annual gross receipts is required to pay a \$15 fee by cash or check to the Town of Collierville to renew the Collierville Minimal Activity License. Taxpayers can print their Collierville Minimal Activity License by logging into their TNTAP account. Click on the link that reads ADDITIONAL ACTIONS/LICENSES. Select the tab, VIEW License. **It is the responsibility of the business owner to renew their Minimal Activity License yearly.**

#### \$15.00 APPLICATION FEE

1. Business FEIN or SSN <i>(required)</i>	2. Legal Name of Business
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3. Primary Address (physical address where records are located; no P.O. Box)	City	State	ZIP Code
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4A. First and Last Name or Entity Name of Owing Business	4B. First and Last Name or Entity Name of Owing Business
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Telephone Number with Area Code	Telephone Number with Area Code
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Email	Email
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Address	Address
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City	State	ZIP Code	City	State	ZIP Code
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5. "Doing Business As" (DBA) Name (if different from #5 above)
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6. License Type	<input type="checkbox"/> Standard Business License	<input type="checkbox"/> Minimal Activity License (<\$100,000 in annual gross income)
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7. Location Address of Business in This Jurisdiction (no P.O. box)	City	State	ZIP Code
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8. Business Activity at this Location
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9. Business Mailing Address (if different from item 3 above)	City	State	ZIP Code
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10. Business Telephone Number	Business Fax Number	Business Email Address
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11. Contact Name	Contact Telephone Number	Contact Email Address
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12. Signatures Required! This application must be signed by an owner, officer, member, or partner of the entity listed above. Do not print or use a stamp.	<b>For Department Use Only</b>
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The statements made on this application are true to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Owner, Officer, Member, or Partner*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Owner, Officer, Member, or Partner*

**Make checks payable to: Town of Collierville  
500 Poplar View Parkway, Collierville, TN 38017**