

CITY OF LENOIR CITY

MINIMAL ACTIVITY BUSINESS LICENSE APPLICATION

BUSINESS NAME _____

STREET, HIGHWAY _____

APARTMENT OR SUITE NUMBER _____

CITY

STATE

ZIP CODE

TOTAL GROSS SALES (EXCLUDING SALES TAX) \$ _____

MAKE YOUR CHECK PAYABLE TO CITY OF LENOIR CITY AND MAIL TO:

CITY OF LENOIR CITY
600 EAST BROADWAY
PO BOX 445
LENOIR CITY, TN. 37771

I DECLARE THIS IS A TRUE, COMPLETE, AND ACCURATE RETURN TO
THE BEST OF MY KNOWLEDGE

SIGN HERE: _____ DATE _____