



City of Spring Hill Business Tax License

The type of business tax license you need is determined by your gross income amount. Businesses that do not gross more than \$3,000 in one tax period (fiscal year) are not liable to pay business taxes and do not need any type of business tax license. Out-of-state businesses have different requirements, and they should contact the Spring Hill Business Tax Office before completing this application.

Minimal Activity License

Businesses with gross income from \$3,001 to \$9,999 in one tax period (fiscal year) are required to obtain a minimal activity license. Minimal activity licenses require a \$15 registration fee with the city and county where the business is located, and there is a \$15 annual renewal with the city and county offices. No business taxes are due to the state to renew this type of license. To obtain a minimal activity license, please complete the attached Spring Hill Business Tax License Application and submit it to the City of Spring Hill along with payment for the \$15.00 application fee. ****Home based businesses please see the attached list of requirements from the Spring Hill Building Codes Department, as well as the Codes Compliance Form that must be completed and submitted with your minimal activity license application.** Your application, Codes Compliance Form and \$15.00 payment can be mailed to the Spring Hill Business Tax office at P.O. Box 789, Spring Hill, Tennessee, 37174. Paperwork can also be submitted in person from 8:00 AM to 4:30 PM, Monday through Friday at the Spring Hill City Hall located at 199 Town Center Parkway, Spring Hill, Tennessee, 37174.

Standard Business Tax License

Businesses with gross income of \$10,000 or more in one tax period (fiscal year) are required to obtain a standard business tax license from both the city and county where the business is located. Standard business tax licenses require a \$15 registration fee, and are renewed each year by paying business taxes for the previous tax period. **To obtain a standard business tax license, first you must register your business with the Dept. of Revenue for a business tax account, at <https://apps.tn.gov/bizreg/>. You will be mailed a registration letter from the Dept. of Revenue that will contain your state business tax account number(s). You must submit that letter to the City of Spring Hill Business Tax Office along with a completed Spring Hill business tax license application, a completed Codes Compliance Form and \$15.00.** ****Home base businesses please see the attached list of requirements from the Spring Hill Building Codes Department.** Your application, registration letter from the Dept. of Revenue, completed Codes Compliance Form and \$15.00 payment may be mailed to the Spring Hill Business Tax office at P.O. Box 789, Spring Hill, Tennessee, 37174. Paperwork can also be submitted in person from 8:00 AM to 4:30 PM, Monday through Friday at the Spring Hill City Hall located at 199 Town Center Parkway, Spring Hill, Tennessee, 37174.

Each year you will pay business taxes to the Dept. of Revenue, the City of Spring Hill will be notified of your business tax payment, and your new standard business tax license will be mailed to you. ALL business tax payments must be filed electronically with the Tennessee Department of Revenue. To register for electronic filing go to <https://apps.tn.gov/biztax/>. If you need help, you can call (866)368-6374, (800) 342-1003 or (615)253-0704 during normal business hours to get individual assistance. You may also get assistance on the Dept. of Revenue website at www.TN.gov/revenue.

Spring Hill is located in both Maury and Williamson Counties. Make sure you register with the correct county business tax office.

Williamson County Business Tax Office
1320 W. Main St., Ste. 135A
Franklin, TN 37064
(615) 790-5732

Maury County Business Tax Office
41 Public Square
Columbia, TN 38401
(931) 375-5205

Spring Hill Business Tax Office
P.O. Box 789, Spring Hill, TN 37174
(931) 486-2252 ext. 243



In Home Bussiness In R-1/R-2
1-5-10 Zoning Ordinance
Article 3

Home Occupation- An occupation conducted in a dwelling unit provided that:

1. Only one person other than members of the family residing on the premises shall be engaged in such occupation;
2. The use of the dwelling unit for the home occupation shall be clearly incidental and subordinate to its use for residential purposes by its occupants, and not more than twenty-five (25) percent of the floor area of the dwelling unit shall be used in the conduct of the home occupation;
3. There shall be no change in the outside appearance of the building or premises, or other visible evidence of the conduct of such home occupation other than one sign, not exceeding two square feet in area, non-illuminated, and mounted flat against the wall of the principal building;
4. No home occupation shall be conducted in any accessory building;
5. No traffic shall be generated by such home occupation in greater volumes than would normally be expected in a residential neighborhood, and any need for parking generated by the conduct of such home occupation shall be met off the street and other than in a required front yard;
6. No equipment or process shall be used in such home occupation which creates noise, vibration, glare, fumes, odors, or electrical interference detectable to the normal senses off the lot, if the occupation is conducted in a one-family dwelling, or outside by the dwelling unit if conducted in other than a one-family dwelling .

Office - The term, office, is intended to apply to physicians and surgeons, lawyers, members of the clergy, architects and engineers. It shall also include insurance agents, insurance adjusters, realtors and similar office users but not photo studios, beauty parlors, barber shops, dance schools, business schools or other such uses. In permitting office as home occupations, and only as accessory uses in certain districts, it is intended that such offices shall be subject to limitations placed on home occupations generally, but only residences occupied by persons engaged in office use, as herein defined, shall be permitted.

City of Spring Hill

Codes Compliance Form

For New Businesses

Today's Date: _____

Name of Business: _____

Owner Name: _____

Position/Title: _____

Cell Phone: _____

Home or Business Phone: _____

E-mail: _____

Physical Business Location inside Spring Hill:

Property Zoning for this Location: _____

Describe the Business Activity at this location:

Is this an in-home business? _____

If yes, will you have walk-in customers? _____

BUILDING CODES COMPLIANCE	PLANNING DEPARTMENT COMPLIANCE	FIRE CODES COMPLIANCE
Approved:	Approved:	Approved:
Denied:	Denied:	Denied:
Name:	Name:	Name:
Date:	Date:	Date:



APPLICATION FOR MINIMAL ACTIVITY LICENSE

The minimal activity license is available to entities whose annual gross sales will be as much as \$3,000 but not more than \$9,999.99. A New minimal activity license must be obtained each year in which the taxpayer qualifies. The yearly license fee is \$15 and must be paid to the business tax official issuing the license. The minimal activity license does not require an annual business tax return. Persons whose annual gross receipts are \$10,000 or more must obtain a regular business license in the appropriate business classification.

1. Indicate the Classification Into Which Your Business Activity Falls. Classification is Determined by the Dominant Business Activity. Indicate Only One Classification.				Fiscal Year Ending Month	Has Information changed since previous year?
<input type="checkbox"/> Classification 1A	<input type="checkbox"/> Classification 1C	<input type="checkbox"/> Classification 1E	<input type="checkbox"/> Classification 3		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Classification 1B	<input type="checkbox"/> Classification 1D	<input type="checkbox"/> Classification 2	<input type="checkbox"/> Classification 4		

2. Reason for Application:	<input type="checkbox"/> 1. New business	For Renewals, enter local and state account nos.	3. Date Business Began at This Location:
<input type="checkbox"/> 2. Additional location	<input type="checkbox"/> 3. Renewal		

4. Business Name and Exact Location			5. Business Mailing Address		
BUSINESS NAME			NAME (ENTER LEGAL NAME, IF DIFFERENT)		
STREET OR HIGHWAY (DO NOT USE P.O. BOX NUMBER OR RURAL ROUTE NUMBER)			P.O. BOX, STREET, ROUTE, OR HIGHWAY		
APARTMENT OR SUITE NUMBER (DO NOT ENTER P.O. BOX OR RURAL ROUTE NUMBER)			APARTMENT OR SUITE NUMBER		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

6. County/City in Which Business is Located	7. Business Telephone Number	8. Contact Person's Name
	() _____ Business Fax Number	_____
	() _____	Contact E-Mail Address

9. Enter Entity's Federal Employer Identification #	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Required
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10. Current Sales Tax Number for Business Location	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Required
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11. Type of Ownership (Select One):	12. TN Secretary of State ID #, If Applicable
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Joint (Couple) <input type="checkbox"/> Corporation - Sub S <input type="checkbox"/> LP	_____
<input type="checkbox"/> Gen Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP	

13. DESCRIBE THE BUSINESS ACTIVITY AT THIS LOCATION, STATING THE MAJOR PRODUCTS AND/OR SERVICES SOLD:

14. IDENTIFY OFFICERS, PARTNERS, OR INDIVIDUAL OR COMPANY OWNERS (SEE INSTRUCTIONS)

(1) NAME	HOME TELEPHONE#	<input type="checkbox"/> SOCIAL SECURITY #	<input type="checkbox"/> OWNER'S FEDERAL EIN
HOME ADDRESS (DO NOT USE P.O. BOX #)	CITY	STATE	ZIP CODE
<input type="checkbox"/> Member	<input type="checkbox"/> Officer	<input type="checkbox"/> Partner	<input type="checkbox"/> Owner - Individual <input type="checkbox"/> Owner - Company <input type="checkbox"/> Shareholder

(2) NAME	HOME TELEPHONE#	<input type="checkbox"/> SOCIAL SECURITY #	<input type="checkbox"/> OWNER'S FEDERAL EIN
HOME ADDRESS (DO NOT USE P.O. BOX #)	CITY	STATE	ZIP CODE
<input type="checkbox"/> Member	<input type="checkbox"/> Officer	<input type="checkbox"/> Partner	<input type="checkbox"/> Owner - Individual <input type="checkbox"/> Owner - Company <input type="checkbox"/> Shareholder

15. The statements made on this application are true to the best of my knowledge and belief. (This application must be signed by the individual owner, a partner, or an officer of the corporation. The signatory must also be listed in Item 14. I attest that my annual gross receipts for the period will be or have been no more than \$10,000.	FOR OFFICIAL USE ONLY
SIGN HERE: _____ SIGNATURE of PERSON IDENTIFIED IN ITEM 14 (DO NOT PRINT OR USE STAMP)	

TITLE	DATE