



**City of Chandler
License Application
Transaction Privilege & Use Tax**

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For Office Use Only

Telephone: 480-782-2280

Mailing Address: MS 701, PO Box 4008, Chandler, AZ 85244-4008

Location address: 175 S. Arizona Ave, Chandler, AZ 85225

APPLICANT USE

AMOUNT DUE

LICENSE FEE

\$ _____

TOTAL PAYMENT

\$ _____

**BUSINESS
START DATE IN
CHANDLER IS
MANDATORY**

**FEES ARE NOT
REFUNDABLE**

Prior Year
License & Late
Fees May Apply

**For Office
Use Only**

Check one:	<input type="checkbox"/> New Business	<input type="checkbox"/> Former Owner (if applicable)	<input type="checkbox"/> Previous City License #
	<input type="checkbox"/> New Owner of Existing Business		
Check any that apply:	<input type="checkbox"/> Name Change Only	<input type="checkbox"/> Current City License #	<input type="checkbox"/> Date of Change
	<input type="checkbox"/> Location Change		

SECTION I. BUSINESS INFORMATION

Business Name (Individual, Company or "DBA", first name first):

Business Location Address:

City, State, Zip Code + 4: _____ Business Phone (Including Area Code): _____

Start Date (in Chandler): _____ E-mail address: _____ State Tax License #: _____ Federal ID #: _____

SECTION II. MAILING ADDRESS & PHONE NUMBER

Enter Name if Different from Section I (above) or Enter Care-Of Name:

Mailing Address:

City, State, Zip Code + 4: _____ Phone (Including Area Code): _____

SECTION III. BUSINESS OWNERSHIP & RECORD LOCATION

Ownership: Individual LLC Corp. - State Inc. _____ Gen. Partnership Ltd. Partnership Other _____

Owners, Partners, LLC Members, or Officers (For Additional Names, Please Attach List)	Name		Title		
	Home Address			Social Security #	
	City	State	ZIP Code	Phone No.	
	Name		Title		
	Home Address			Social Security #	
	City	State	ZIP Code	Phone No.	
Corporate or LLC Statutory Agent	Name		Phone No.		
Location Where Business Records Are Kept	Name		Phone No.		
	Address		City	State	ZIP Code

Business Class Codes: _____

NAICS Code: _____

Filing Freq.
M Q A C

Master Lic. #: _____

Entered By: _____

Zoning Appr. Date: _____

LAWA: _____

Approved By: _____ Date: _____

SECTION IV. BUSINESS TYPE

Business Type	<input type="checkbox"/> Retail Sales	<input type="checkbox"/> Restaurant/Bar	<input type="checkbox"/> Amusement	<input type="checkbox"/> Construction Contracting	<input type="checkbox"/> Use Tax	<input type="checkbox"/> Wholesaler
	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Commercial Rental	<input type="checkbox"/> Residential Rental (# of Units _____)	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Other _____	
Describe Nature of Business	_____					Contractors # _____

Check method you will use in submitting reports: Cash Receipts Accrual _____ Number of Employees: _____

SECTION V. BUSINESS PREMISES STATUS

Do you own your business location? Yes No If yes, is this your residence? Yes No

If no, complete Landlord/Property Manager information:

Landlord/Property Manager Name _____ Address _____ Phone # _____

Do you rent a portion of the business premises to another entity? Yes No

I certify that the statements made in this application are true and complete to the best of my knowledge. I accept the permit authorized and issued in response to this application with the condition that I report timely and pay any and all taxes due by me to the city. Incomplete forms may not be processed.

IF APPLICABLE, BE SURE ALL SALES TAX HAS BEEN PAID BY FORMER OWNER. BY LAW YOU MAY BE LIABLE FOR ANY UNPAID TAX.

Print Name	Signature	Title	Date
_____	_____	_____	_____